



# A REPORT OF HEALTH & HUMAN SERVICES IN PALM BEACH COUNTY— BASED ON KEY COMMUNITY INDICATORS 2017



Palm Beach County  
Board of County Commissioners



Palm Beach County  
**COMMUNITY  
SERVICES**

Helping People Build Better Communities



# Table of Contents

<a href="#">Introduction</a>	5
<a href="#">Palm Beach County</a>	6–7
<a href="#">Message from the County &amp; Citizens Advisory Committee on Health &amp; Human Services</a>	8–9
<a href="#">Indicator Summary</a>	10
<a href="#">Service Categories</a>	11–109
<a href="#">Access to Care</a>	11
<a href="#">Child Care/After School Care</a>	17
<a href="#">Domestic Abuse/Sheltering</a>	23
<a href="#">Health Care</a>	29
<a href="#">HIV/AIDS</a>	33
<a href="#">Homelessness</a>	39
<a href="#">Hunger/Food Security</a>	51
<a href="#">Maternal and Child Health</a>	57
<a href="#">Mental Health</a>	63
<a href="#">Public Safety/Violent Crime</a>	69
<a href="#">Public Transportation</a>	73
<a href="#">School Readiness</a>	81
<a href="#">Senior Services</a>	85
<a href="#">Special Needs/Developmental Disabilities</a>	91
<a href="#">Substance Abuse</a>	99
<a href="#">Youth Violence/Diversion Programs</a>	105
<a href="#">Definitions by Service Category</a>	110
<a href="#">Data Sources</a>	119
<a href="#">Financially Assisted Agency Funding 2000–2017</a>	122
<a href="#">Financially Assisted Agency Funding &amp; Population History 2010–2017</a>	123
<a href="#">Special Recognition and Work Groups</a>	124
<a href="#">For Further Information</a>	126

## Please note:

Information and data coverages contained within this document are dynamic and in a constant state of maintenance, correction and update.

Corrections or updates to this report will be posted on the Palm Beach County–Community Service Department website <http://discover.pbcgov.org/communityservices/Pages/Citizens-Advisory-Committee.aspx>

Information contained within this document is intended to be used for planning purposes only. Contact David Rafaidus at (561) 355-4705 or [drafaidu@pbcbgov.org](mailto:drafaidu@pbcbgov.org) for further information.



## Navigating the report

Click on any Table of Contents entry to navigate to the desired page.

Clicking on the footer on any page will return you to the Table of Contents.



# Introduction

The “**Report of Health and Human Services in Palm Beach County – Based on Key Community Indicators**” continues to be a “living” document that is intended for use as a guide to making decisions, promoting community participation in government and providing a statement for those involved in health and human services.

This document is a “snapshot” of information that creates a general framework to be used by the Board of County Commissioners (BCC), County Administration and Citizens Advisory Committee on Health & Human Services (CAC/HHS) in making decisions about the development of the community’s social services programs. It is advisory in nature and contains text, graphics, quotes and statistics that together form a publication conveying information about sixteen (16) Service Categories relating to the “Palm Beach County Comprehensive Plan – Health and Human Services Element.”

The methodology used to prepare this report is multi-faceted. According to Resolution No. R-2013-1563, the CAC/HHS has a mission to:

*“Assist the Board of County Commissioners in the assessment of need, planning, implementation and evaluation of a System of Care, as defined within the Health & Human Services Element of the Palm Beach County Comprehensive Plan.”*

Based on this mission statement and the Health & Human Services Element, the CAC/HHS in 2010 elevated the visibility of the project by seeking additional community input. A Lead Agency representative teamed with experts in each Service Category to draft Service Category material with Indicator Committee assistance.

Additionally, the Resolution states that the CAC/HHS has the responsibility to: *“Make recommendations on an annual basis during the Financially Assisted Agency (FAA) funding process regarding service and funding priorities, outcomes and contract requirements.”* To accomplish this responsibility, the CAC/HHS utilizes information contained in this report as a foundation to assist them with constructing and discussing their FAA funding recommendations to County Administration and the Board of County Commissioners.

Further discussion or debate about Goals within the Indicator Report is healthy. It is recognized that Palm Beach County cannot be all things to all people and that needs will continue to exceed resources. We also recognize that Indicators can’t tell us everything, however they can often tell us enough to make good decisions. You can improve the System of Care by people working and coordinating together, by improving efficiency, and by obtaining more citizen input, involvement and support. Improvement is not always about dollars.

And finally, it is anticipated that in the future, many of the indicators and information contained within this document will be folded into a Community Service Department website. The website will optimize the use of community health and human service information through Goals and Indicators positioned on data platforms. When new data is available, it will have the capacity to be linked to appropriate data platforms, serve as a tool to measure progress, address gaps in services and strategically plan for the future. Contact David Rafaidus at [drafaidu@pbcgov.org](mailto:drafaidu@pbcgov.org) or (561) 355-4705 for further information.





---

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**Paulette Burdick, Mayor  
Melissa McKinlay, Vice-Mayor  
Hal R. Valeche  
Dave Kerner  
Steven L. Abrams  
Mary Lou Berger  
Mack Bernard**

---



### **COUNTY ADMINISTRATION**

Verdenia C. Baker, County Administrator  
Jon Van Arnam, Deputy County Administrator  
Nancy Bolton, Assistant County Administrator

### **COUNTY ATTORNEY**

Denise M. Nieman, County Attorney  
Helene Hvizd, Senior Assistant County Attorney

### **DEPARTMENT OF COMMUNITY SERVICES**

James Green, Director  
Taruna Malhotra, Assistant Director  
Sonja Holbrook, Planning & Evaluation Manager  
David Rafaidus, Senior Planner/Project Manager  
Stessy Cocerez, Planner I  
Vivian Blackmon-Taylor, Program Evaluator

### **CITIZENS ADVISORY COMMITTEE ON HEALTH & HUMAN SERVICES**

Patrick Halperin, Ph.D., Chair  
Randy Palo, Vice-Chair  
Anne Gerwig, League of Cities Representative  
Sandra Chamblee, Glades Representative  
Elizabeth Hernandez Cayson, Immediate Past Chair  
Sharon Greene  
Christine Koehn, Ph.D.  
Thomas Cleare, Ph.D.  
Barbara Jacobowitz  
Chief Deputy Michael Gauger  
Pamela Gionfriddo  
Edward Holloway, ex-officio  
Barbara Cox Gerlock, Ph.D. ex-officio  
Houston Tate, ex-officio  
Andrea Stephenson, ex-officio



**Nancy Bolton**  
**Assistant County Administrator**

I am pleased to introduce you to the 2017 Health & Human Services Indicator Report.

The first Health & Human Services Indicator Report (2010) represented the community’s initial efforts to gather, analyze and present information on health & human services that affected the county’s population (which is home to over 1,300,000 individuals).

The 2017 Indicator Report continues the initial efforts and also provides transparency, helps facilitate conversations that are meaningful and strategic, and develops a gateway to acquaint readers with the complex concepts found in other, more technical or comprehensive reports.

While assessing the health and well-being of the Palm Beach County community is complex, we must recognize that government cannot always achieve desired outcomes without the help from our larger system of providers and supporters. We also recognize the importance of stakeholders and the community at large to contribute to and share accountability for the attainment of the stated goals within the Health & Human Services Element & Indicator Report.

A special thank you to the members of the Citizens Advisory Committee on Health and Human Services, Community Service Department staff, subject matter experts and community organizations that contributed to this publication. Your contribution and efforts are sincerely appreciated and acknowledged.







**James Green, Director  
Community Services Department**

We are pleased to present this updated report of Health and Human Services in Palm Beach County based on key community indicators. This report provides a point-in-time account of the progress Palm Beach County has made in meeting the needs of our residents.

Thank you, to the members of the Citizens Advisory Committee on Health & Human Services (CAC/HHS) for your assistance with this effort. We appreciate your tireless commitment toward strengthening the system of care in Palm Beach County. We are also grateful for your continuous oversight to ensure accessibility, quality, effectiveness and cost efficiency of services provided.

Facilitating the development of a quality Health and Human Services Continuum of Care for Palm Beach County is a high priority for the Community Services Department (CSD). CSD staff will continue to work diligently to make data-driven decisions, develop targeted strategies to maximize impact and improve collaboration amongst service providers.

We look forward to the meaningful work ahead, as we continue to strengthen families, transform communities and positively impact the lives of our country residents.



**Patrick Halperin, Ph.D., Chair  
Citizens Advisory Committee  
on Health & Human Services**

We face enormous challenges in the health and human services arena. Our hope is that the information contained within this report will be a helpful resource to overcome these challenges and will allow us to more effectively prioritize and target our efforts to address the myriad of issues that confront us. We also anticipate that the report will help the community develop strategies to measurably improve the quality of life for everyone in Palm Beach County.

My thanks and appreciation to the numerous individuals, organizations and governmental agencies that assisted with the completion of the Indicator Report.

Additionally, agencies and staff should be congratulated for developing such a comprehensive set of indicators and that they are readily accessible in both content and format.

# Indicator Summary

The Indicator Summary page is intended to provide the reader with a “quick” reference concerning the status of 16 Service Category topics based on an Overall Goal & Key Indicator contained within this document. Please use the Legend and Notes Section listed below for further analysis.



**Click on the indicator signal to navigate to the desired page. Clicking on the footer on any page will return you to the Table of Contents.**

## LEGEND & NOTES

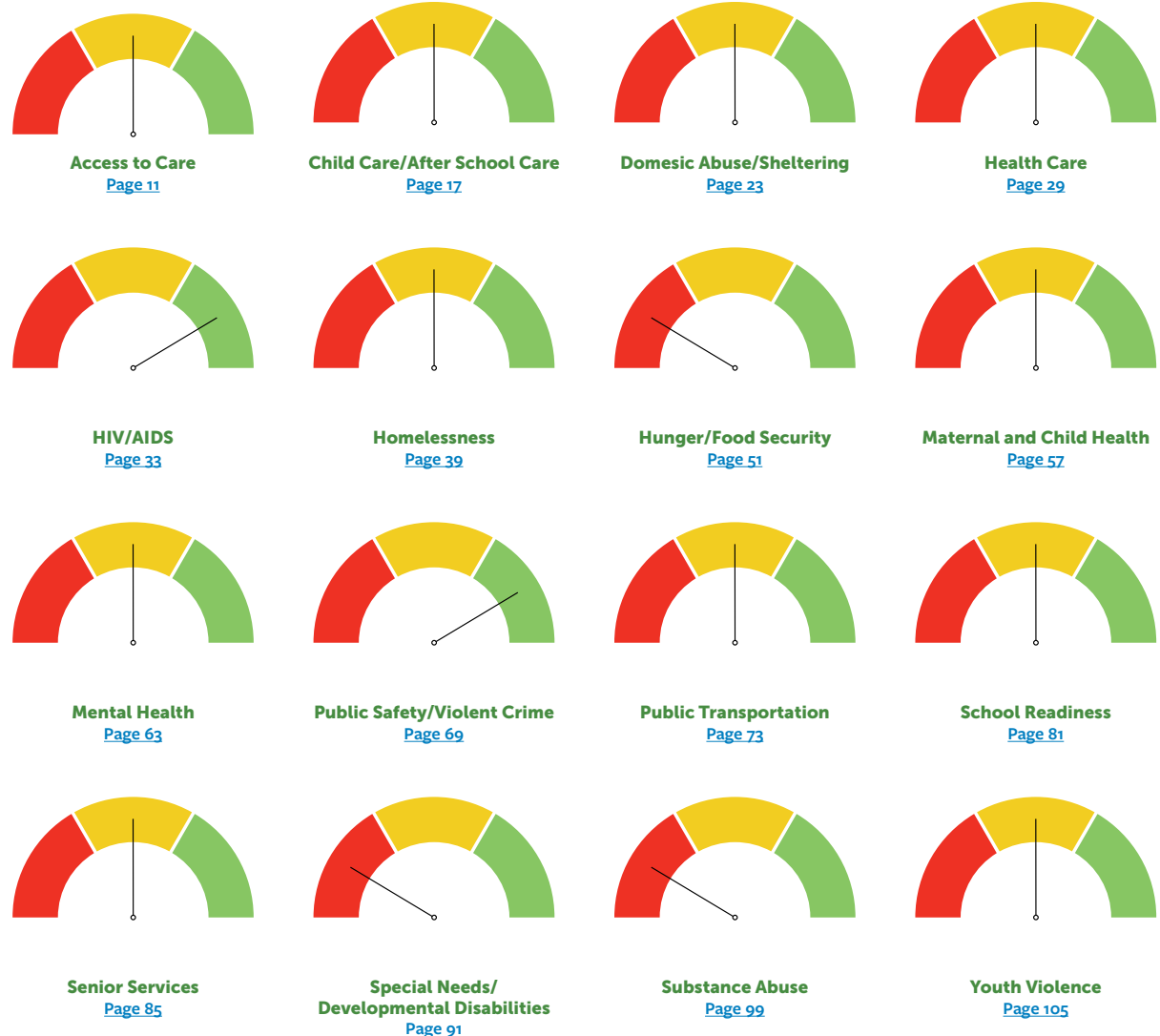
**Green is good.** The Goal is being met and the Trend is upward.

**Yellow is caution.** It is used either if the Goal is being met but the Trend is downward or if the Goal is not being met but the Trend is upward.

**Red is alarming.** Red is used if the Goal is not being met and the Trend is downward.

Trend is defined as six (6) to eight (8) data points.

	(+) Trend	(-) Trend
> Goal	Green	Yellow
< Goal	Yellow	Red





## ACCESS TO CARE



### KEY INDICATOR

The Key Indicator of Access To Care is persons with a usual primary care provider.

### GOAL

The Access to Care goal is a target of 85% of people with a usual primary care provider.

**CURRENT AND FUTURE PLANNING EFFORTS**

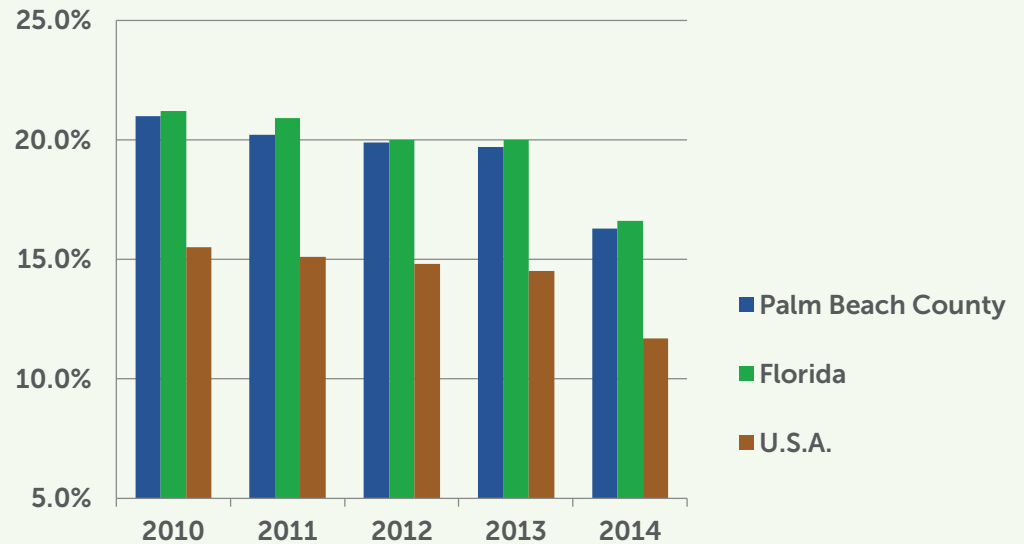
The percent of adults with a personal doctor, or usual primary care provider, is an extremely important metric relating to health access, personal health and overall public health. Better access to care leads to better health behaviors and better health outcomes. The recently enacted federal health care bill (Patient Protection and Affordable Care Act) is improving matters relating to health access, but to what extent and what speed is unclear (2013 is the latest year in which BRFSS data is available.)

NOTE: The current Palm Beach County Community Health Improvement Plan (CHIP) has a focus on expanding access to care, but uses a different indicator: Decrease the percentage of uninsured population in Palm Beach County. This measure is available annually from US Census estimates, while BRFSS data is available only every three years. Here is some recent data (2015 data should be available Fall 2016):

Some measures that need to be taken to achieve the overall goal are listed below:

- Navigators at FQHCs and other agencies
- Funding from local foundations
- Additional funding from other sources

**UNINSURED POPULATION: AMERICAN COMMUNITY SURVEY DATA**



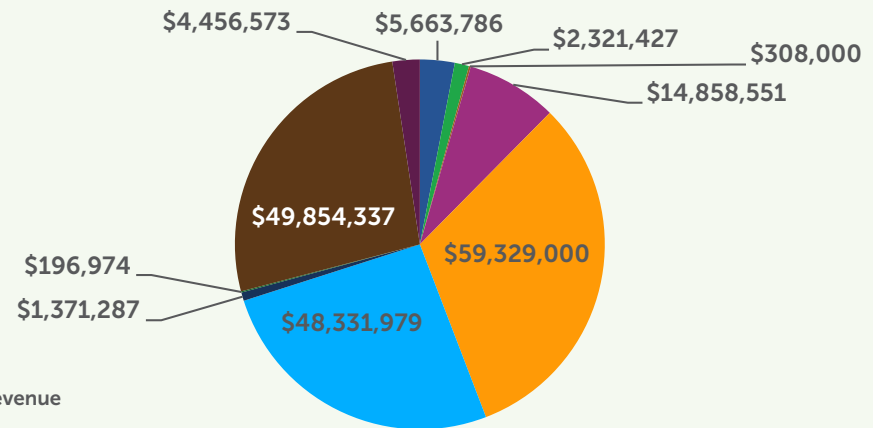
Year	Palm Beach County	Florida	U.S.A.
2010	21.0%	21.2%	15.5%
2011	20.2%	20.9%	15.1%
2012	19.9%	20.0%	14.8%
2013	19.7%	20.0%	14.5%
2014	16.3%	16.6%	11.7%

### MAJOR DISPARITIES

Behavioral Risk Factor Surveillance System (BRFSS) data shows disparities between races/ethnic groups among percentages of adults who have a personal doctor. In 2010 in Palm Beach County, while 86.6% of non-Hispanic Whites had a personal doctor, only 74.6% of non-Hispanic Blacks had a personal doctor. 2010 data for Hispanics wasn't available. This disparity continued into the 2013 BRFSS. In 2013



**CHART 1 | REVENUE SOURCES FOR OUTPATIENT UNINSURED/UNDERINSURED POPULATION IN PALM BEACH COUNTY**



- DOH State Revenue
- Federal HRSA Grants - FQHC
- United Way
- Ryan White Funding: Palm Beach County
- Health Care District - Combined Children's Health, Funding Collaboratives, and Managed Care (Outpatient Only)
- Medicaid Claims: Physician MD/DO
- Medicaid Claims: Podiatrist/Chiropractor
- Medicaid Claims: Mid-Level & Dentist
- Medicaid Claims: Federally Qualified Health Center
- Medicaid Claims: Case Management Agency

Source: Health Care District: Comprehensive Annual Financial Report for fiscal year ended September 30, 2009. Health Statistics and Assessment - Florida Department of Health and US Department of Health and Human Services - Centers for Medicare and Medicaid Services Fee-for-Services (FFS) Data

in Palm Beach County, while 84.6% of non-Hispanic Whites had a personal doctor, only 69.5% of non-Hispanic Blacks and 66.1% of Hispanics had a personal doctor.

**“For a healthy life, there’s no place like a medical home!”**

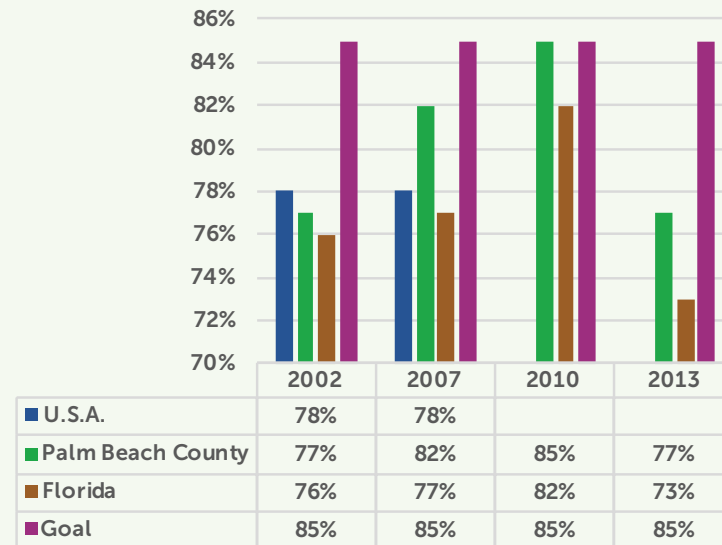
–Alina Alonso, MD  
Director

Palm Beach County Health Department

**REPORT HIGHLIGHTS**

- The Healthy People 2010 goal of 85% percent people with a usual primary care provider was not met at the County, State or National level.
- Palm Beach County ranked 10th of 67 Florida counties in the category of clinical care, and 19th of 67 Florida counties in the category of social & economic factors. *Source: 2016 Robert Wood Johnson County Health Rankings*
- Palm Beach County had a primary care provider rate of 1270:1, better than the Florida rate of 1390:1. Top US performers had a rate of 1040:1. *Source: 2016 Robert Wood Johnson County Health Rankings*

**TABLE 1 | ADULTS WHO HAVE A PERSONAL DOCTOR**



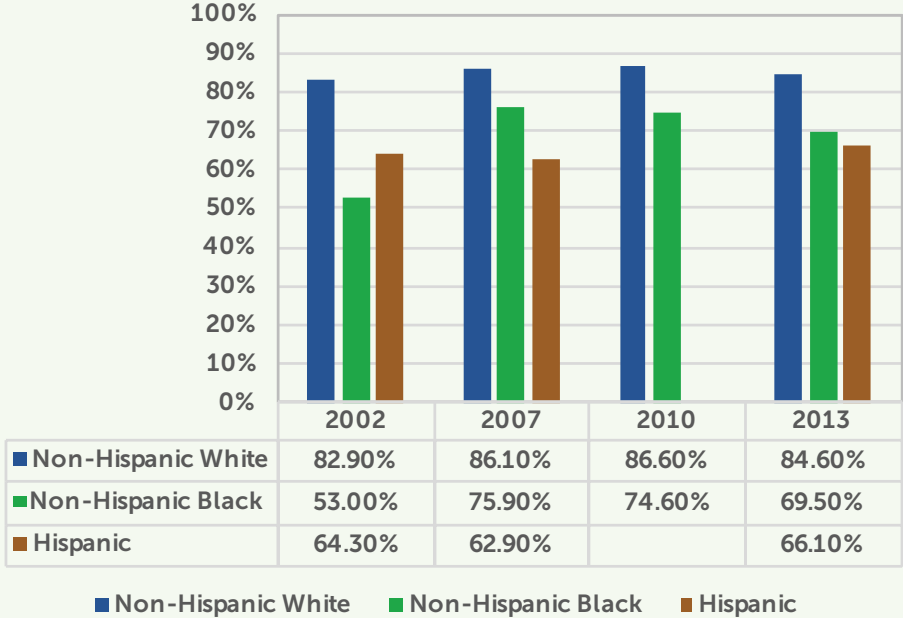
**TABLE 2 | PALM BEACH COUNTY HEALTH DEPARTMENT REVENUE SOURCES FOR PRIMARY CARE AT THE FWHC CLINICS**

REVENUE:	TOTAL FY 08 09
HRSA (Section 330 Grant)	\$2,321,427
Health Care District - Block Grant	\$2,021,094
State Program Revenues Incl. Fed Funds	\$910,775
Medicare	\$246,856
Medicaid	\$4,028,770
Health Insurance - HCD, HPB, Humana, Etc.	\$1,745,020
Patient Fees	\$503,870
Local Grants or Donations (Ryan White)	\$610,595
Transfers From Health Dept. (State GR)	\$4,753,011
<b>TOTAL</b>	<b>\$17,141,418</b>

*Source: PBCHD Finance and Accounting*

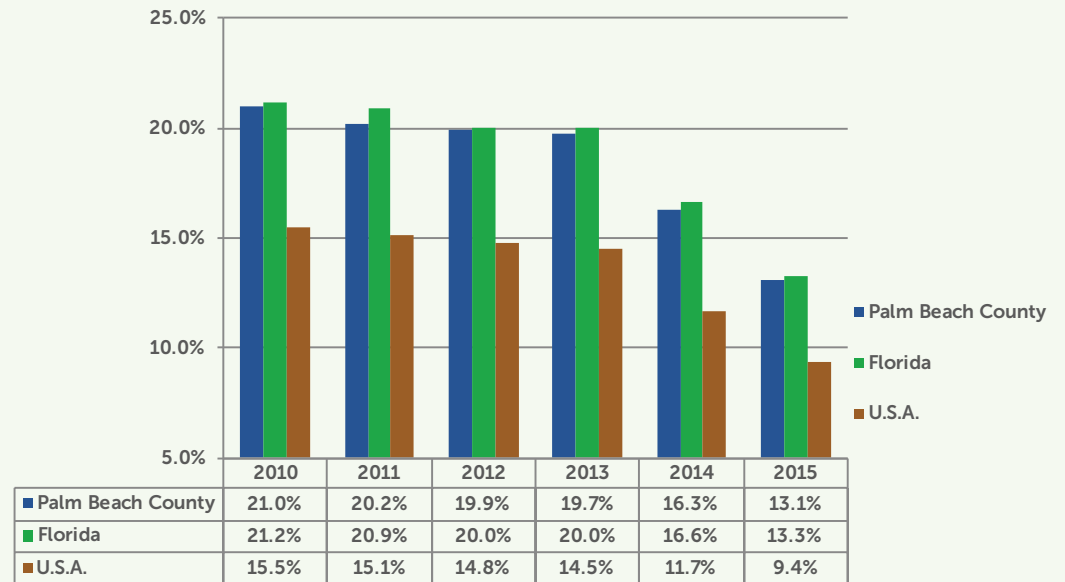


**TABLE 3 | PALM BEACH COUNTY ADULTS WHO HAVE A PERSONAL DOCTOR**





**TABLE 4 | UNINSURED POPULATION: AMERICAN COMMUNITY SURVEY DATA FROM THE U.S. CENSUS BUREAU**





## CHILDCARE/AFTERSCHOOL CARE



**KEY INDICATOR**

The Key Indicator for Child and After School Care is measured by the annual average number of children on the waiting list for subsidized care.

**GOAL**

Reduce the number of children awaiting subsidized child care in Palm Beach County.

### CURRENT AND FUTURE PLANNING EFFORTS

The waiting list for subsidized child care has proven not to be an accurate measure of how well the need for child care is being met. The fact that the wait list is so large, and consequently the time it takes to receive services is so long, means that many eligible families do not apply at all. For example, in December 2015, the wait list was actually reduced to 0, and by April 2016, it was back up to 4,500. So, while the number of children on the wait list has remained over 1,000 since the last Indicator Report update, the number of children receiving subsidized child care has increased by almost 4,000, mostly due to local funding from the Children's Services Council.

Currently, the Florida Department of Health monitors all licensed child care programs which includes most school readiness programs to ensure adherence to the minimum operational standards. The Early Learning Coalition monitors both school readiness and voluntary pre-k programs to ensure that requirements are met as established by Florida's Office of Early Learning.

Child Care quality is one of the critical components of school readiness. In 2015, Children's Services Council revised their Quality

Rating and Improvement System (QRIS) and launched the Strong Minds Network. The Strong Minds Network provides resources such as quality assessments, training and professional development, technical assistance and financial supplements to increase capacity of quality child care programs in Palm Beach County. There are currently 258 child care programs participating. 227 of those child care programs have achieved quality status. An evaluation is currently underway.

In order to measure quality child care environments in a way that is valid and reliable, the Strong Minds Network uses multiple assessment tools that measure both environment quality and the quality of the teacher/child interactions. The Classroom Assessment Scoring System (CLASS) are observation tools that focus on the effectiveness of classroom interactions among the teachers and children. The Environment Rating Scale (ERS) are observation tools that assess process quality in early childhood settings. Process quality consists of the various interactions that go on in a classroom between staff and children, staff, parents, and other adults, among the children themselves, and the interactions children have with the many materials and activities in the child care environment.

**"Many low-income families on waiting lists are forced to use care that is unreliable or of poor quality because they cannot afford better options without assistance, strain to pay other bills in order to pay for child care, or have difficulty keeping their jobs because they cannot afford care, according to several studies."**

Source: Schulman & Blank (September 2007)  
State Child Care Assistance Policies 2007: Some Steps Forward, More Progress Needed, National Women's Law Center, Issue Brief

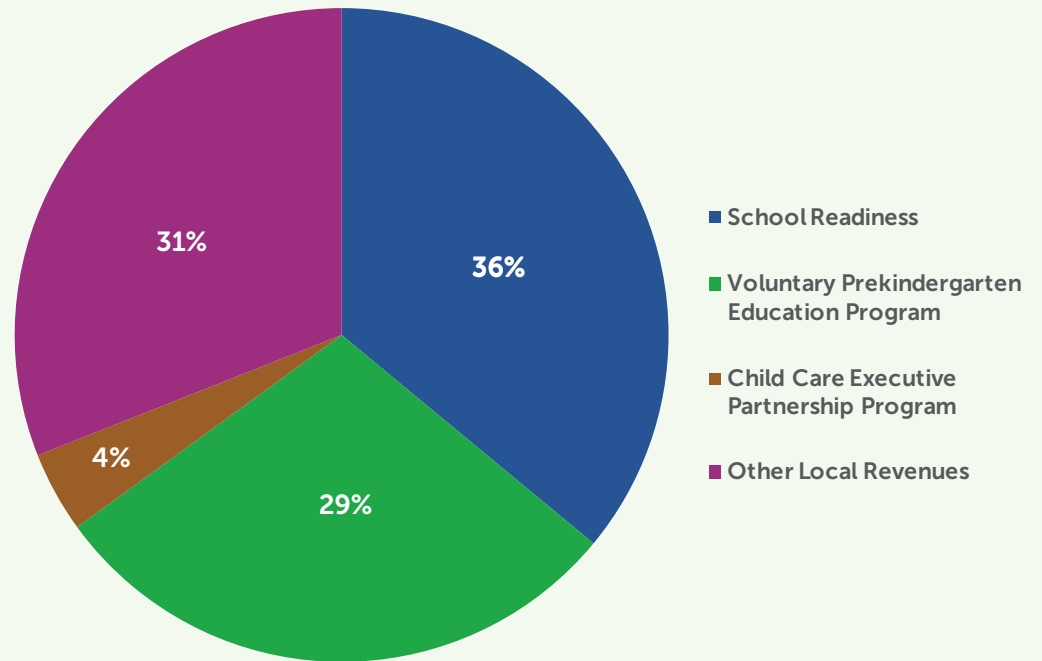
Over the years, local, state and national support for improvement in the quality of early care and education has grown tremendously. Through diverse partnerships, stakeholders are coming together to identify those components essential in building early childhood quality that will positively impact the lives of young children. The majority of states in the country are operating a statewide QRIS. Florida does not have a statewide system; however, there are many local QRIS systems.

Fostering high quality in out-of-school time programs, which provide opportunities for children and youth to succeed, is the mission of Prime Time Palm Beach County, a nonprofit intermediary organization that serves afterschool programs and practitioners. They provide supports and resources that increase program quality to positively impact school-age youth. Prime Time provides a set of quality standards, a system for reaching these standards through assessment, technical assistance and resources, as well as a broad and diverse range of program enhancements to afterschool providers.

**Early care and after-school professional development system:**

**Research links higher qualifications of early childhood and afterschool**

CHART 2 | FUNDING IN PALM BEACH COUNTY - FY 2016



Program Funds	Amount
School Readiness Funds	\$33,558,738
Voluntary Prekindergarten Education Program Funds	\$27,269,164
Child Care Executive Partnership Program Funds	\$3,893,014
Other Local Revenues	\$29,290,845



**practitioners to better learning environments and outcomes for children. Practitioners are encouraged to obtain training and education in order to provide high-quality programs for children.**

- Quality information training and formal/credit college classes focused in early childhood, and out of school time are available;
- Scholarships, salary supplements and career advising support career pathways;
- Registry – system and database which documents and recognizes practitioner achievement in education, training, and professional development; provides quality assurance for trainers and trainings; informs ongoing community professional development and planning initiatives;
- Career pathway – supports practitioner professional growth through the dual routes of informal, formal and hybrid education plans.

The Early Learning Coalition intends to continue working with early care and education system partners to develop a centralized waitlist in order to have a more accurate picture of child care needs in Palm Beach County.

The Coalition is working with the Children’s Services Council to determine child care needs

---

**“Parents who are concerned about their children’s after-school care miss an average of five extra days of work per year, which is estimated to cost employers \$496 to \$1,984 per employee per year depending on the employee’s annual salary.”**

–Community, Families and Work Program  
at Brandeis University, 2005

---

in each zip code in Palm Beach County. This will help determine areas of highest need and child care availability in those areas.

### **MAJOR DISPARITIES**

Some of the issues regarding use of waitlist data to describe the need for child care are:

- The waitlist is self-reported and may not be an accurate representation of child care need.
- The current waitlist does not include all early care and education partners and therefore does not



provide an accurate picture of child care subsidy needs.

- The indicator focuses on need and availability of child care; efforts should also focus on quality to ensure children are adequately prepared for kindergarten.

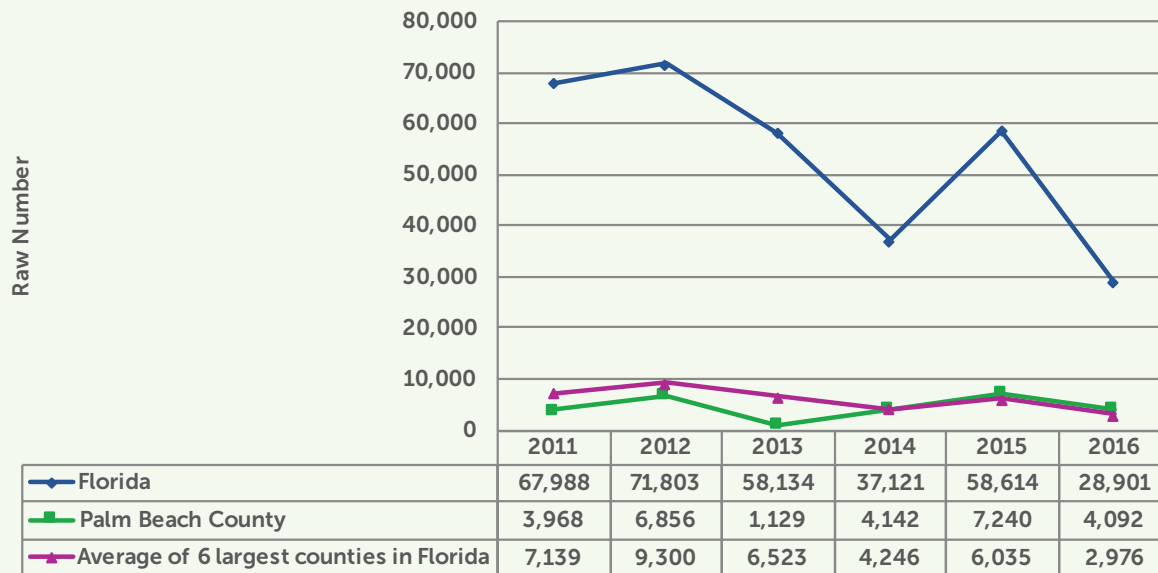
**REPORT HIGHLIGHTS**

- Waitlist data provides only a piece of the picture of subsidized child care. Future work is needed to address reasons for fluctuations, assess both need and supply, especially in hard-to-reach-and-serve populations and develop a centralized waiting list that is all-inclusive.

- The Early Learning Coalition continues to work with the Children’s Services Council of Palm Beach County to research and evaluate the delivery of quality child care services in the community.



**TABLE 5 | NUMBER ON SUBSIDIZED CARE WAITING**







## DOMESTIC ABUSE/SHELTERING



### KEY INDICATOR

The Key Indicator for Domestic Abuse Violence is the domestic homicide rate for Palm Beach County.

### GOAL

Reduce the number of domestic-related homicides in Palm Beach County.

*Note: Ideally, the goals would be to have no domestic-related homicides; however, this may be unrealistic, so the goal should be to have the number be at or below the average number of homicides compared to counties of similar size and demographics.*

### CURRENT STATUS

Who is Doing What to Whom– National Coalition Against Domestic Violence

Domestic violence, also known as Intimate Partner Violence, is an extremely complicated, multi-faceted issue. Studies widely identify women as victimized more often than men by their intimate partners, but men can be victims of intimate partner violence, too, and women may use violence within relationships. What is often harder to determine, especially when both people in a relationship use violence, is who may be the core abuser and who may be the primary victim.

Abusers' main objective in intimate relationships is to dominate and control their victim. They are manipulative and clever and will use a myriad of tactics to gain and maintain control over their partner, often in cycles that consist of periods of good times and peace and periods of abuse. The cycle often starts to repeat, commonly becoming more and more intense as time goes on. Each relationship is different, and not every relationship follows the exact pattern. Some abusers may cycle rapidly, others over longer stretches of time. Regardless, abusers purposefully use numerous tactics of abuse to instill fear in the victim and maintain control over them.

Anyone can be a victim of domestic violence. There is NO "typical victim." Victims of domestic violence come from all walks of life, varying age groups, all backgrounds, all communities, all education levels, all economic levels, all cultures, all ethnicities, all religions, all abilities and all lifestyles.

Reasons victims stay:

- The victim fears the abuser's violent behavior will escalate if (s)he tries to leave.
- The abuser has threatened to kill the victim, the victim's family, friends, pets, children and/or himself/herself.
- The victim loves his/her abuser and believes (s)he will change.
- The victim believes abuse is a normal part of a relationship.
- The victim is financially dependent on the abuser.
- The abuser has threatened to take the victim's children away if (s)he leaves.
- The victim wants her/his children to have two parents.
- The victim's religious and/or cultural beliefs preclude him/her from leaving.

**"There are only three possible outcomes in an abusive relationship: Either the batterer is going to STOP the abuse, or the victim is going to LEAVE that relationship, or someone is going to DIE."**

–Detective Deirdri Fishel  
State College (PA) Police Dept.

- The victim has low self-esteem and believes (s)he is to blame for the abuse.
- The victim is embarrassed to let others know (s)he has been abused.
- The victim has nowhere to go if (s)he leaves.
- The victim fears retribution from the abuser's friends and/or family.

Abuse triggers:

- Jealousy
- Stress
- Substance abuse

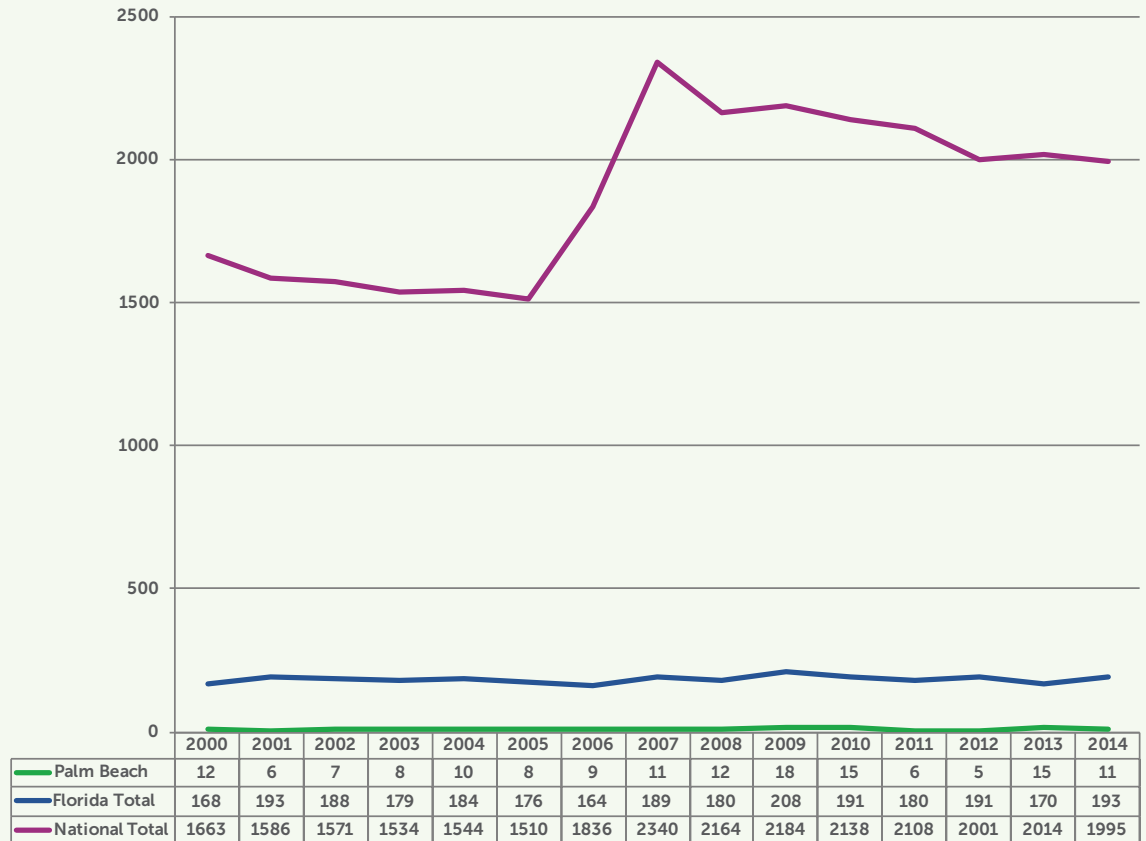
**CURRENT AND FUTURE PLANNING EFFORTS**

Currently, there are several coalitions and committees devoted to finding new and innovative ways to combat domestic violence, including the Domestic Violence Council, Domestic Violence Working Group, Victim’s Rights Coalition and the Domestic Fatality Review Team. Members represent Law Enforcement, State Attorney’s Office, Attorney General’s Office, YWCA/Harmony House, AVDA, faith-based organizations, Legal Aid Society, Department of Children and Families, Coalition for Independent Living Options, Florida Resource Center for Women and Children, PBC Victim Services and other local service providers.

Through the work of these bodies, several goals have been identified:

- **Goal 1:** Develop a county-wide protocol for law enforcement to standardize the response to domestic violence investigations to ensure that

**TABLE 6 | DOMESTIC VIOLENCE MURDER OFFENSES PALM BEACH COUNTY AND NATIONAL TOTALS**



Source Data: UCR 2000–2014

## DOMESTIC ABUSE/SHELTERING

victims county-wide receive the same level of service. (Note: This goal has been obtained)

- **Goal 2:** To continue to identify new avenues for public awareness campaigns given the current economic situation.
- **Goal 3:** To obtain county funding and resources to collect, analyze and report statistical data on domestic violence that would assist in current and future response to domestic violence.
- **Goal 4:** Collaborate with the PBC Domestic Fatality Review Team and provide funding so that accurate data collection tools could be use county-wide to assist in the review of domestic homicides and the prevention of future homicides.
- **Goal 5:** Collaborate with the two certified shelters within Palm Beach County to assess the current needs to include the potential of increasing the number of beds available to victims and expanding existing shelters to allow pets which have been identified as a hurdle in providing services to victims.

### REPORT HIGHLIGHTS

- A current cost estimate for domestic violence investigation from a law enforcement agency averages \$300 for direct expenses of the responding officers only.\*
- From January 1, 2010 to December 31, 2015, the Palm Beach County Sheriff's Office

**"In situations of captivity, the perpetrator becomes the most powerful person in the life of the victim, and the psychology of the victim is shaped by the actions and beliefs of the perpetrator."**

–Judith Lewis Herman

**TABLE 7 | FIVE-COUNTY DOMESTIC VIOLENCE – MURDER**

Year	Broward	Hillsborough	Orange	Palm Beach	Pinellas	Florida Total	National Total
2000	13	24	6	12	5	168	1,663
2001	23	9	15	6	11	193	1,586
2002	19	17	9	7	13	188	1,571
2003	8	13	18	8	4	179	1,534
2004	12	11	9	10	5	184	1,544
2005	8	8	14	8	16	176	1,510
2006	14	8	14	9	9	164	1,836
2007	15	8	12	11	15	189	2,340
2008	14	2	15	12	9	180	2,164
2009	19	9	16	18	8	208	2,184
2010	13	14	19	15	11	191	2,138
2011	7	10	15	6	11	180	2,108
2012	15	10	12	5	13	191	2,001
2013	11	16	16	15	5	170	2,014
2014	12	9	16	11	11	193	1,995



investigated 65,470 domestic disturbances and 21,537 domestic crimes.

- In 2010, Attorney General Bill McCollum, in collaboration with the Florida Coalition Against Domestic Violence, established a statewide domestic fatality review team in response to the increase in domestic violence and domestic homicides. (Note: This has been accomplished).
- There are currently no shelters in Palm Beach County that can house family pets which is an identified obstacle in assisting many victims of domestic violence.

- The total number of civil Domestic Violence (all types) injunctions filed 2010-2015 was 18,389.

*\*Approximation based on estimated direct expenses.*

**MAJOR DISPARITIES**

- Almost half of intimate partner homicides are committed by dating partners.
- 72% of all murder-suicides involve an intimate partner; 94% of the victims of these murder suicides are female

**TABLE 8 | PALM BEACH COUNTY DOMESTIC VIOLENCE – MURDER**

Year	Count
2000	12
2001	6
2002	7
2003	8
2004	10
2005	8
2006	9
2007	11
2008	12
2009	18
2010	15
2011	6
2012	5
2013	15
2014	11

## DOMESTIC ABUSE/SHELTERING

- 76% of intimate partner physical violence victims are female
- More than 75% of women aged 18-49 who are abused were previously abused by the same perpetrator.
- 40% of female murder victims are killed by intimate partners.
- 76% of women who are killed by intimate partners and 85% of women who survive homicide attempts are stalked prior to the murder or attempted murder.

**“Controllers, abusers and manipulative people don’t question themselves. They don’t ask themselves if the problem is them. They always say the problem is someone else.”**

–Darlene Ouimet

**TABLE 9 | FLORIDA AND NATIONAL TOTALS OF DOMESTIC VIOLENCE – MURDER**

	Florida Total of DV Murder	National Total of DV Murder*
2000	168	1663
2001	193	1586
2002	188	1571
2003	179	1534
2004	184	1544
2005	176	1510
2006	164	1836
2007	189	2340
2008	180	2164
2009	208	2184
2010	191	2138
2011	180	2108
2012	191	2001
2013	170	2014
2014	193	1995



## HEALTH CARE



### KEY INDICATOR

The Key Indicator for Health Care is Years of Potential Life Lost (YPLL).

### GOAL

The Health Care Goal is to have a Years of Potential Life Lost (YPLL) rate of 6,978 per 100,000 population.



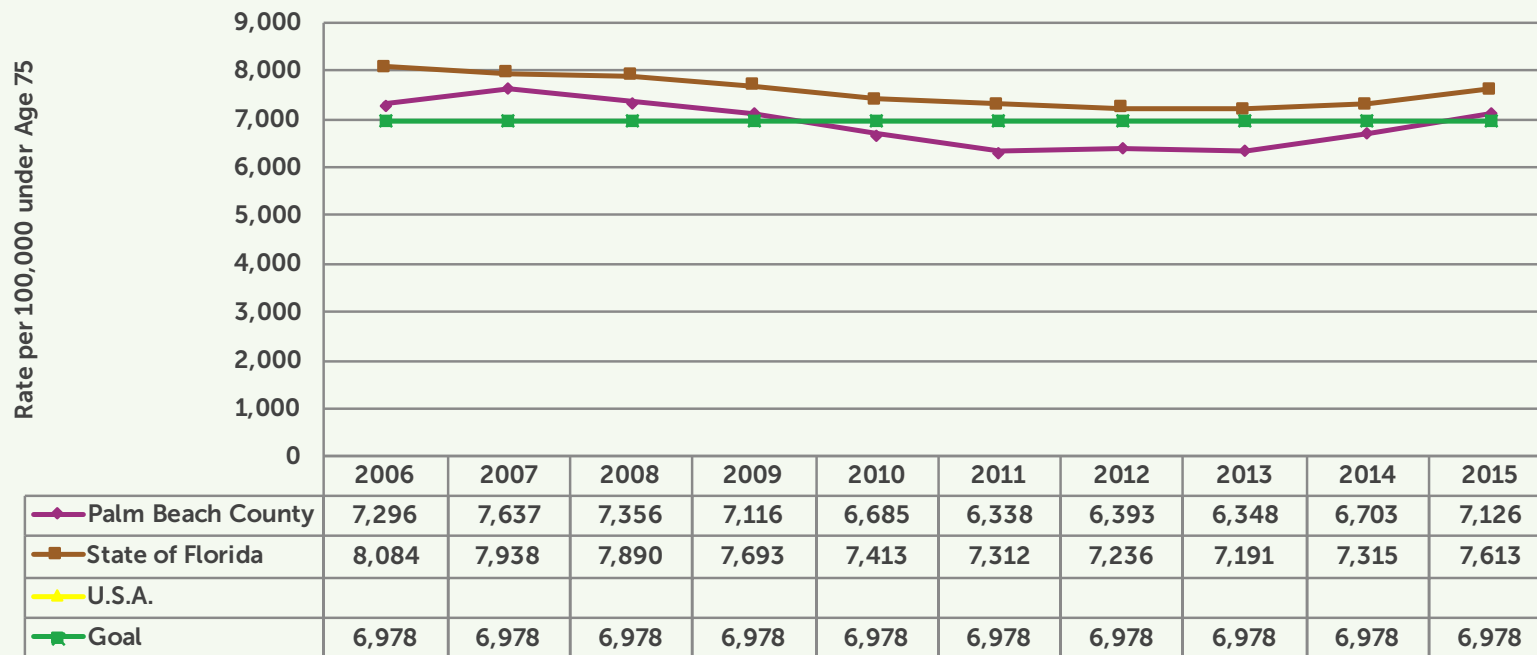
**CURRENT STATUS**

In Palm Beach County, the Years of Potential Life Lost (YPLL) rate of all causes of death is lower than that of the state. The trend of the past ten years is a positive one, despite a small increase from 2014 to 2015, (the overall YPLL rate is decreasing).

In the YPLL rate, every death occurring before the age of 75 contributes to the total number of years of potential life lost. For example, a person dying at age 25 contributes 50 years of life lost (75 – 25 = 50 years of potential life). YPLL is used to represent the frequency and distribution of premature deaths. Measuring

YPLL allows communities to target resources to high-risk areas and further investigate the causes of death. Reduction in YPLL is an important public health goal because it reflects a reduction in premature death. *Source: County Health Rankings – <http://www.countyhealthrankings.org>*

**TABLE 10 | YEARS OF POTENTIAL LIFE LOST (YPLL) BEFORE AGE 75: ALL CAUSES**

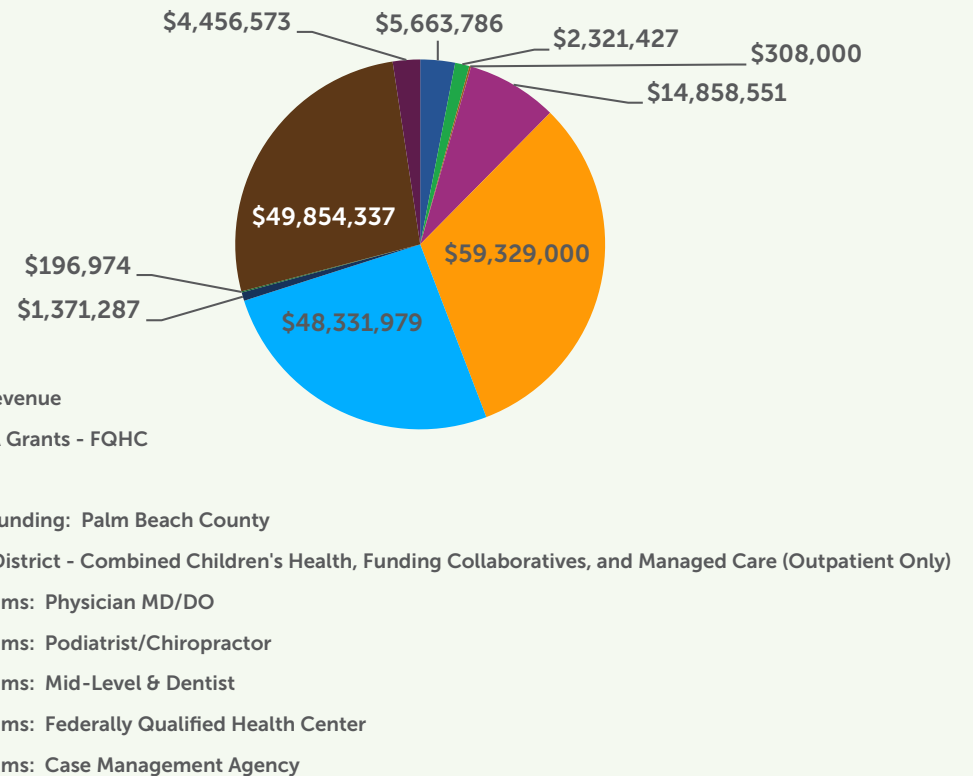


The national goal of 6,978 per 100,000 deaths before age 75 was identified on the County Health Rankings website. The County Health Rankings project is a collaboration between the University of Wisconsin’s Population Health Institute and the Robert Wood Johnson Foundation, and ranks the counties within each state on a variety of health-related data.

**REPORT HIGHLIGHTS**

- The goals of 6,978 YPLL per 100,000 of the population less than 75 years of age was being achieved in Palm Beach County from 2010–2014, before going up to a 2015 YPLL of 7,126 per 100,000. *Source: Florida CHARTS*
- In 2014, Cancer was the 2nd leading cause of death in Palm Beach County but the highest YPLL (1,531). *Source: Florida CHARTS*
- Palm Beach County ranked 6th of 67 Florida counties in premature death. *Source: 2016 County Health Rankings*
- Unintentional injuries were the 6th leading cause of death, but the 2nd highest YPLL (1,185). *Source: Florida CHARTS*

**CHART 3 | REVENUE SOURCES FOR OUTPATIENT UNINSURED/UNDERINSURED POPULATION IN PALM BEACH COUNTY**



*Source: Health Care District: Comprehensive Annual Financial Report for fiscal year ended September 30, 2009. Health Statistics and Assessment - Florida Department of Health and US Department of Health and Human Services - Centers for Medicare and Medicaid Services Fee-for-Services (FFS) Data*





### KEY INDICATOR

The current Key Indicator of HIV/AIDS is the HIV case rate per 100,000 population; however, a more accurate indicator for measuring the risk of HIV infection is the community Viral Load, as measured by the percentage of Persons Living with HIV/AIDS (PLWHA) with a suppressed viral load. This update will incorporate community Viral Load Suppression as a primary indicator, and continue utilizing the HIV case rate as a secondary indicator.

### GOAL

Increase the community Viral Load suppression rate from 53% to 58% by January 1, 2018.

Decrease the HIV Case Rate from 23.2 to 21.5 cases/100,000 by December 31, 2018 (See Table 9, *HIV Case Rates*.)

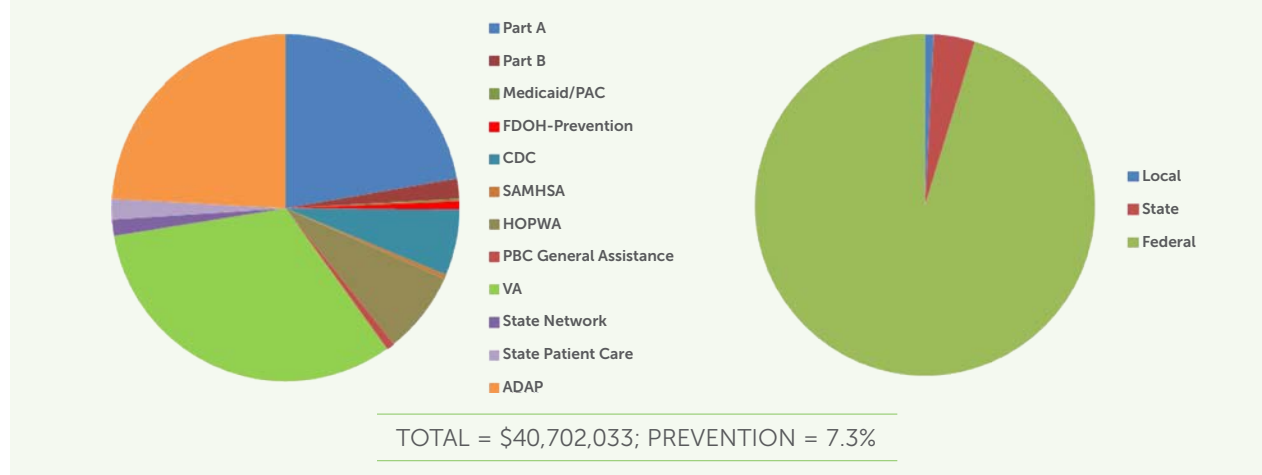


**CURRENT STATUS**

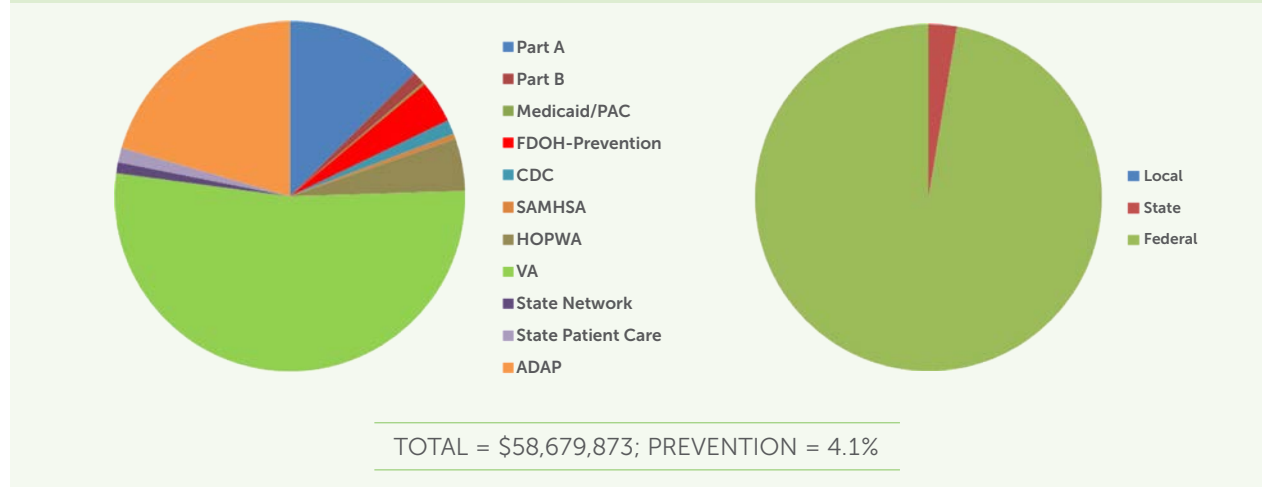
The HIV case rates reported in the diagram to the left represent the number of newly reported HIV infections for individuals residing in Palm Beach County who were newly identified as having HIV, regardless of when the individuals acquired their infections. This number may include cases that previously tested anonymously but were never reported. HIV case rates tend to reflect more recent transmission than AIDS cases, and thus represent a more current picture of the epidemic. After decreasing to historical low levels in 2009, the HIV case rate has been relatively stable (see [Florida Charts](#)).

Community viral load is a measure of risk that indicates the likelihood of transmission of the virus by those who are infected. As PLWHA are retained in care and adherent to treatment plans, the level of virus in their blood becomes suppressed, and further transmission can be prevented. Viral load suppression rates represent the relative effectiveness of HIV care, and thus viral load suppression is a protective factor limiting further spread of the disease. (For a more extensive discussion of viral load suppression and the HIV Continuum of Care, see [the Health Resources Services Administration, HIV/AIDS Bureau](#); and the Florida Department of Health,

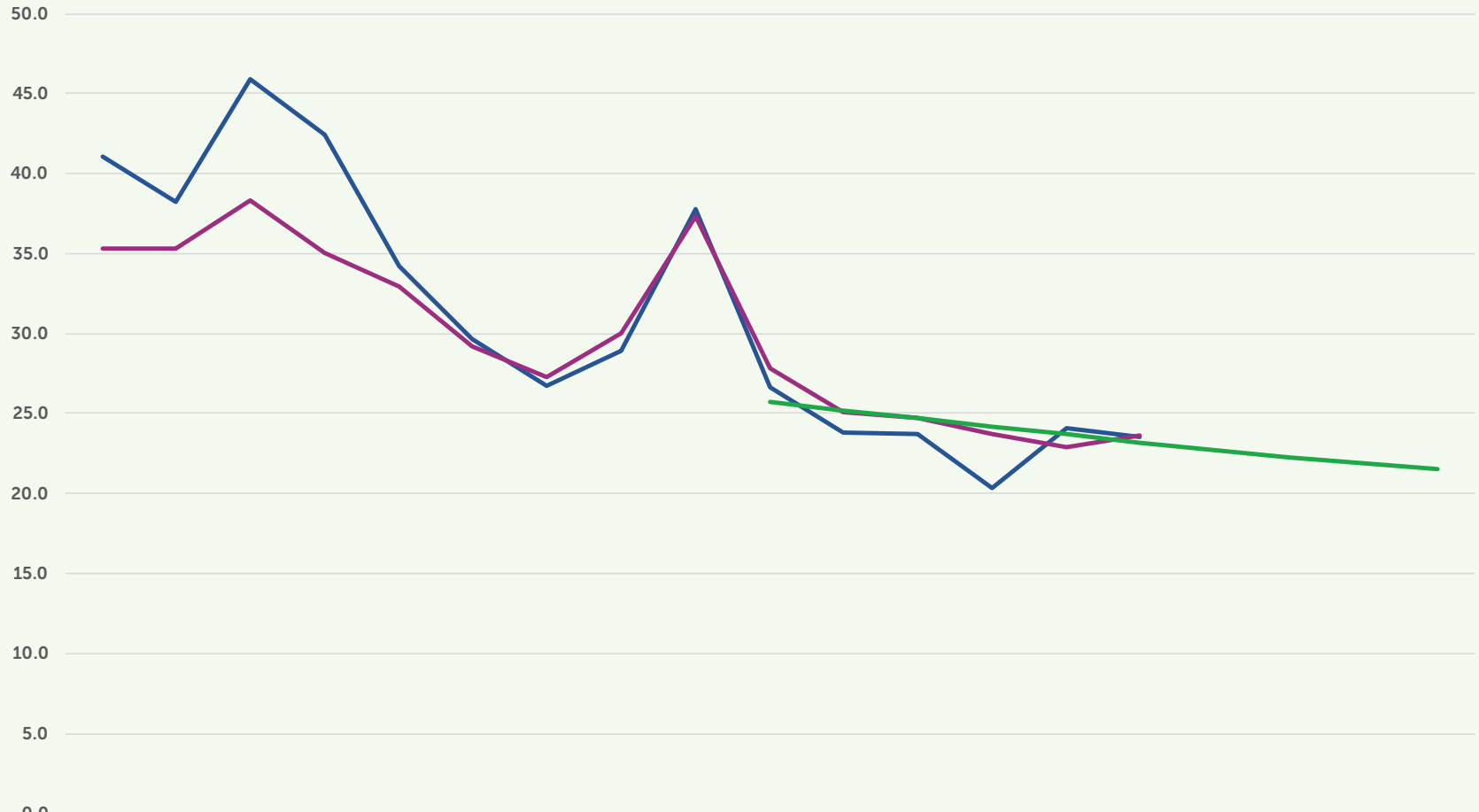
**CHART 4 | HIV/AIDS PREVENTION & PATIENT CARE FUNDING, 2009, PALM BEACH COUNTY, FL**



**CHART 5 | HIV/AIDS PREVENTION & PATIENT CARE FUNDING, 2015, PALM BEACH COUNTY, FL**



**TABLE 9 | HIV CASE RATES, STATE OF FLORIDA AND PALM BEACH COUNTY**



— Palm Beach County	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
— State of Florida	35.3	35.3	38.3	35.0	32.9	29.2	27.3	30.0	37.3	27.8	25.1	24.7	23.7	22.9	23.6				
— Case Rate Goal										25.7	25.2	24.7	24.2	23.7	23.2	22.7	22.3	21.9	21.5



[HIV/AIDS Section, Partnership 9](#)). Baseline statistics for Palm Beach County (2014) indicate that among all PLWHA (N = 8020), 53% have achieved viral suppression. As higher levels of viral load suppression are achieved, the impact will be a reduction in the rate of new HIV cases.

**CURRENT AND FUTURE PLANNING EFFORTS**

In 2015, the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC) issued guidance for local integrated planning between HIV patient care (Ryan White) and prevention Community Prevention Partnership (CPP) programs. As a result, the CARE Council and CPP have submitted a five-year plan that integrates prevention and patient care programs around the goals of the [National HIV/AIDS Strategy \(NHAS\)](#). The document supports the integration of patient care and prevention planning and service implementation across Palm Beach County, and serves as a mechanism to align the HIV/AIDS Indicator with the goals of the National HIV/AIDS Strategy. The Integrated Plan will also be accompanied by an integrated needs assessment, addressing both patient care and prevention service needs in Palm Beach County. As gaps in services are identified, these needs

will be addressed in the planning and allocations processes of the CARE Council and CPP.

**PREVENTION, TESTING AND OUTREACH**

In 2013, the Florida Department of Health in Palm Beach County adopted the [2014-2016 Jurisdictional HIV Prevention Plan](#). This document has guided the expansion and improvement of HIV prevention efforts, and aligned prevention goals with the NHAS. The core set of strategies in the plan are centered around [High Impact Prevention](#), a set of scientifically proven, cost-effective and scalable interventions to targeted populations most affected by the epidemic. The goals and objectives contained in the 2014-2016 prevention plan have been updated and incorporated into the 2017-2022 Palm Beach County Integrated Plan. The Integrated Plan for

Palm Beach County will be contained in a statewide Integrated Plan, which is being prepared in partnership with the Florida Department of Health’s HIV Patient Care Planning Group and Prevention Planning Group, and the other local Part A jurisdictions in Florida. In Palm Beach County, the integration of the local prevention and patient care plans will be accompanied by the integration of ongoing planning processes. This will assure a high degree of coordination across all publicly-funded HIV services.

Palm Beach County continues to support extensive and robust HIV testing programs. In 2014, a total of 25,497 publicly-funded HIV tests were conducted. Of these, 134 HIV infections were identified (sero-positivity rate = .53%). HIV testing is targeted to high-risk groups and community settings. This includes seven

**TABLE 9.1 | VIRAL LOAD SUPPRESSION RATES**

	2014	2015	2016	2017	2018
<b>Palm Beach County</b>	53%				
<b>State of Florida</b>	58%				
<b>VL Suppression Goal</b>	(baseline)	54%	55%	56%	58%

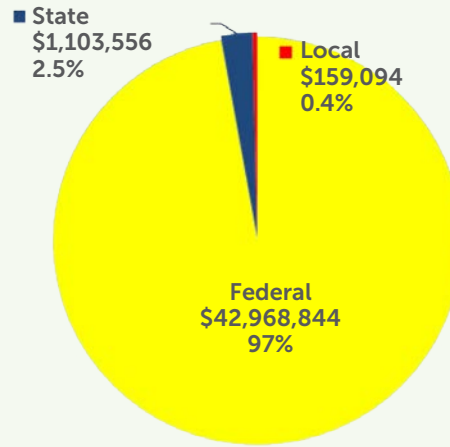
high-risk target populations (African-American, Hispanic, and White MSM; Black heterosexual men and women; pregnant HIV+ women; and partners of HIV+ individuals) and two moderate- and low-risk target populations (STD+ individuals and incarcerated individuals). These target groups were selected by consensus due to their higher-than-average rates of positive HIV test results and their disproportionate representation among all PLWHA.

Outreach efforts under the Ryan White Part A program are focused through Early Intervention Services (EIS). The EMA has increase funding for EIS, and currently supports four agencies for this service. The primary efforts of EIS workers are to contact PLWHA who may either be lost to medical care and/or who may not be aware of their HIV status. EIS services under Part A are coordinated with CDC-funded testing programs through an EIS work group. The goal is to coordinate prevention and patient care efforts to increase retention in care for PLWHA, and to identify HIV-positive persons who are unaware of their status.

**COLLABORATION WITHIN THE HIV/AIDS COMMUNITY**

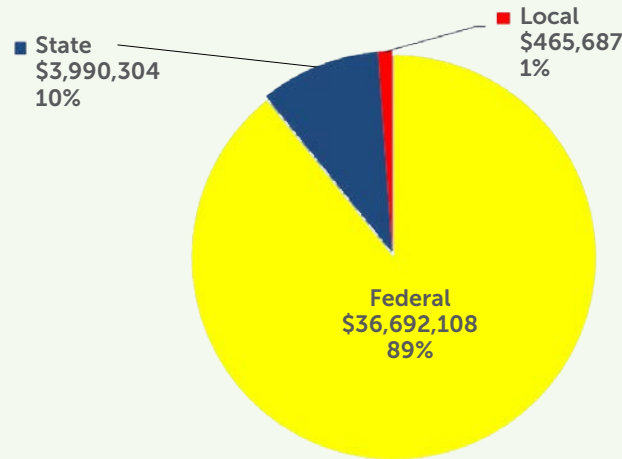
Collaboration within the HIV/AIDS community occurs through joint planning between the

**CHART 5.1 | FEDERAL, STATE & LOCAL PATIENT CARE & PREVENTION HIV/AIDS FUNDING, 2015**



Source	Amount	Type
Part A	\$6,576,091	Fed
Part B	\$703,131	Fed
Medicaid	\$119,626	State
TOPWA	\$150,000	Fed
VA	\$31,500,000	Fed
CDC	\$810,000	Fed
SAMHSA	\$283,875	Fed
HOPWA	\$2,945,747	Fed
State Network	\$543,283	State
State Patient Care	\$440,647	State
HCD	\$159,094	Local
<b>Total</b>	<b>\$44,231,494</b>	

**CHART 5.2 | FEDERAL, STATE & LOCAL PATIENT CARE & PREVENTION HIV/AIDS FUNDING, 2009**



- 93% of the funding is for patient care.
- 7% of the funding is for prevention.

Source: Palm Beach County Department of Community Services

CARE Council and the CPP. This occurs through a number of committees and work groups, most notably in the EIS work group and regular meetings of the planning bodies. The integrated plan will also bring a high level of coordination between patient care and prevention programs. An evaluation and monitoring framework for the five-year integrated plan will assure mutual accountability for achieving stated outcomes. The Part A Grantee has also initiated a project with the City of West Palm Beach's Housing Opportunity for People with AIDS (HOPWA) program to integrate data systems and planning processes. This will streamline the availability of housing and patient care services for PLWHA that experience unstable housing situations and/or homelessness.

### NATIONAL HIV/AIDS STRATEGY AND LOCAL EFFORTS

Since 2010, the National HIV/AIDS Strategy ([NHAS, Office of National AIDS Policy](#)) has provided a unified framework for organizing efforts to eliminate HIV and AIDS. The Ryan White program has adopted the three goals of the NHAS:

1. Reducing HIV Incidence
2. Increasing access to care and maximizing health outcomes

### 3. Reducing HIV-related health disparities

HIV-related health disparities in Palm Beach County mirror national trends, and HIV has a significant disproportionate impact by race/ethnicity and gender, as indicated by the following findings reported by the Florida Department of Health, Bureau of HIV/AIDS in 2014:

- **In 2014, Blacks were over-represented among the HIV cases, accounting for 57% of adult cases but only 18% of the adult population.**
- **In 2014, 62% of the reported HIV cases were male. However, the adult population of PBC is 48% male and 52% female. Therefore, male cases are disproportionately impacted.**
- **Males:** Among Black males, the HIV case rate is 4.2 times higher than among White males. Hispanic male rates are 1.8 times higher than the rates among their White counterparts.
- **Females:** Among Black females, the AIDS rate is 15.9 times greater than among White females. Hispanic female rates are 2.6 times higher than the rates among their White counterparts.
- **The relative increases in male HIV cases might be attributed to proportional increase in HIV transmission among men who have sex with men (MSM) which may influence future AIDS trends.**

Efforts to address these disparities through the Ryan White program include the Minority AIDS Initiative (MAI) and the plan for Early Identification for Individuals with HIV/AIDS (EIIHA). The MAI program provides intensive medical case management for vulnerable, minority PLWHA. In 2014, this represented \$678,108 for services for 864 African-American and Hispanic PLWHA. By providing intensive medical case management, MAI funds assure that clients are retained in medical care, and are successful in improving their health outcomes. The Ryan White EIIHA plan targets part A resources to vulnerable populations who are unaware of their HIV status, or who are known to be infected, but not in care. The EIIHA plan coordinates Part A-funded Early Intervention Services with CDC-funded testing and outreach programs, and reaches African-American and Hispanic MSM, as well as the recently-incarcerated. By linking more PLWHA into medical care, the overall community viral load for these populations will decrease.



## HOMELESSNESS



### KEY INDICATOR

A Key Indicator of Homelessness is the Point-In-Time Count.

### GOAL

Reduce the homeless population in Palm Beach County.



### CURRENT STATUS

Homelessness does not discriminate. It does not occur only to a unique group, class or type of individual or family. It is rare that a single factor can be attributed to an individual's condition of homelessness and is most often the result of a complex set of circumstances, a tragic consequence for those who are unable to resolve a wide range of life challenges. Homelessness is, unfortunately, a growing element of our local and national landscape.

Root causes include:

- Lack of affordable housing
- Increase in poverty
- Increase in the unemployment rate

Contributing factors include:

- Substance abuse
- Mental Illness
- Domestic violence

### CURRENT AND FUTURE PLANNING EFFORTS

The Lewis Center opened in 2012. The Center is a partnership with Gulfstream Goodwill, Adopt-A-Family, The Lord's Place, Palm Beach County Homeless Services Program (Outreach Team) and the Health Care District.

As of June 2016, the Homeless Resource Center (HRC) has served:

- 4,735 number of individuals
- 1284 number of families
- 189 RRH placements individuals
- 559 RRH placements families

The Continuum of Care known as the Homeless and Housing Alliance (HHA) is lead by Palm Beach County Human Services Division. The HHA, made up of organizations throughout Palm Beach County, works together to end homeless through coordinated entry and access to the Homeless Services Delivery System.

The Continuum of Care's goals are to:

1. **Achieve functional zero** through a homeless services system that provides immediate access and needs assessment at the point of housing crisis to prevent homelessness and rapidly return the homeless to stable housing.
2. **Create a data-driven system** for tracking and predicting service patterns, client needs, and program performance and effectiveness within the Continuum of Care to guide decision-making and planning about the homeless services system.
3. **Ensure access to permanent housing** through increased development and availability for extremely-low to low-income households that are homeless or at risk of becoming homeless.
4. **Create a holistic, readily accessible network of supportive services agencies** that connects the homeless to assistance including mainstream benefits based on their unique needs, helping households to achieve and sustain permanent housing and self-sufficiency.

**"The fact is, we have now proven that we can house anyone. Our job now is to house everyone – to prevent and end homelessness."**

–Secretary of Housing and Urban Development  
July 30, 2009



5. **Create a system that eliminates correctional, emergency healthcare and other public service agency burden** for servicing homeless clients by directing resources at data-driven targeted housing and case management solutions.

The Continuum of Care is currently overseen by committees made up of Homeless and Housing Alliance members and members of the service provider community, municipalities, funders, faith-based organizations, along with other interested parties. Some of the committees are as follows:

- Standard Policies and Procedures Committee
- Housing Inventory Chart and Unmet Needs Committee
- HMIS Committee
- Training Committee

## MAJOR DISPARITIES

The 2015, Point-in-Time Count indicates that across Palm Beach County during a 24-hour time period, 1,421 individuals and families were considered homeless as defined by the federal “Homeless Emergency Assistance and Rapid Transition to Housing Act.” The count included those staying in emergency shelters, transitional

housing and places not meant for human habitation.

The results of the 2015 Point-In-Time Survey, conducted between noon on January 29th and noon on January 30th, reflects a 9 percent reduction in homelessness since 2013. There was a 53 percent decrease in unsheltered family

---

**“As long as one person is homeless in Palm Beach County, we still have work to do.”**

—Homeless Advisory Board

---

households, but the count of chronically homeless individuals increased by 35 percent. The number of homeless veterans decreased by 7 percent. The number of unsheltered individuals reporting a severe mental illness or substance abuse disorder nearly doubled, as did those reporting to be victims of domestic violence. The Executive Committee of the Homeless and Housing Alliance of Palm Beach County reviewed preliminary count data to begin the process of evaluation. The HHA

Executive Committee identified the following impacts on this year’s count:

- continued successful programming implemented in the county through the Senator Philip D. Lewis Center, particularly rapid re-housing for families;
- coordinated access to homeless services, particularly as it relates to families;
- reduction in housing programs requirements, thereby lowering recidivism;
- increase in the number of HUD VASH vouchers;
- utilization of gift cards (a practice not utilized in the 2013 count) increasing the number of chronically homeless willing to complete a survey; and
- teams focusing in smaller areas increasing access to the survey for chronically homeless individuals

There are different definitions of homelessness used in reporting numbers. It is important to clarify this when comparing numbers. Some advocates believe the federal definition of homeless, which is used in this document, should be expanded to include families and children who are “doubled up” with families of friends or living in motels. The latter is included in the homeless definition used in the education field when reporting the number of homeless children.



**REPORT HIGHLIGHTS**

- Established standards of services for the entire Continuum of Care including Housing First, Rapid Re-Housing, Permanent Supportive Housing, Case Management, Emergency Shelter and Coordinated Entry
- Launched a Housing First program in May 2014, which currently has 90% of its participants remaining housed since entry
- Housing First Philosophy adopted across the Continuum of Care for all permanent housing programs
- In response to recommendations from HUD, reallocated Transitional Housing to Permanent Housing
- Allocated HOME funds for Tenant-Based Rental Assistance to serve homeless families
- Allocated SHIP funds for Rapid Re-Housing
- Launched a social media effort to recruit landlords from the private rental market, including a direct mailing of postcards targeted at landlords that own multiple units

**TABLE 11 | PALM BEACH COUNTY HOMELESS POINT-IN-TIME COUNT**

Year	Total Literally Homeless	Total Doubled Up
1996		
1997	1648	
1998	773	census 3,090
1999	1296	
2000	1146	
2001	1809	
2002	2091	
2003	1868	
2004	1866	
2005	1406	
2006	1574	
2007	1766	
2009	2147	
2011	2148	1080
2013	1543	966
2015	1421	

TABLE 12 | PALM BEACH COUNTY HUMAN SERVICES FUNDING - FY 2016

**FEDERAL**

Grant/Fiscal Year	Amount	Funding Source	Services	Grant Term	Deliverables / Outcomes
2017	\$161,752	HUD CoC Planning Grant	Coordinate Continuum of Care, Prepare annual HUD NOFA	1 Year	Monitor 100% of HUD funded Grants, Establish & Report on Performance Measures
2015-2017	\$291,427	EFSP (Homeland Security / United Way)	Other shelter / Rent & Mortgage	1 Year	Serve 205 households with rental assistance and provide 3,634 nights of shelter
<b>TOTAL</b>	<b>\$439,179</b>				

**FEDERAL EMERGENCY SOLUTIONS GRANT**

Awarded to Department of Economic Sustainability and administered and monitored by Palm Beach County Human Services

Grant/Fiscal Year	Amount	Funding Source	Services	Grant Term	Deliverables / Outcomes
FY 2016-17	\$262,061	ESG	Contract with <b>Adopt-A-Family of the Palm Beaches, Inc.</b> for financial assistance and homeless families in securing safe and affordable housing. Additionally, the agency will provide Emergency Shelter to homeless families at Program Reach.	Ends 9/30/2017	Rapid Re-housing for 20 unduplicated families. Emergency Shelter for 70 unduplicated families
FY 2016-17	\$41,183	ESG	Contract with <b>Aid to Victims of Domestic Abuse, Inc.</b> for Emergency shelter to victims of domestic abuse and their children	Ends 9/30/2017	Shelter for 46 unduplicated women and children



**TABLE 12 | PALM BEACH COUNTY HUMAN SERVICES FUNDING - FY 2016**

**FEDERAL EMERGENCY SOLUTIONS GRANT, continued**

Grant/Fiscal Year	Amount	Funding Source	Services	Grant Term	Deliverables / Outcomes
2016-17	\$84,178	ESG	Contract with <b>The Salvation Army</b> for transitional housing and assessment services to homeless single men	Ends 9/30/2017	Shelter for 36 unduplicated single males
FY 2016-17	\$41,445	ESG	Contract with <b>The Young Women's Christian Association of Palm Beach County, Florida</b> for shelter, food, clothing and other services to women and children who are victims of domestic abuse	Ends 9/30/2017	Shelter for 593 unduplicated persons
2016-17	\$50,000		HMIS		
FY 2016-17	\$38,827		Administration		
<b>TOTAL</b>	<b>\$476,249</b>				

TABLE 12 | PALM BEACH COUNTY HUMAN SERVICES FUNDING - FY 2016

STATE OF FLORIDA DCF—OFFICE ON HOMELESSNESS					
Grant / Fiscal Year	Amount	Funding Source	Services	Grant Term	Deliverables / Outcomes
FY 2016	\$42,000	DCF—TANF Homeless Prevention Grant Subcontract with Farmworkers Coordinating Council	Provides emergency financial assistance to families at risk of homelessness	1 year fiscal and 1 year follow-up reporting Ends June 30, 2018	Assist 25 families with rent and utility payments. 85% must remain housed a year after assistance is provided.
FY 2016	\$158,500	DCF—Challenge Grant Sub-Contract with Catholic Charities & Homeless Coalition	Contract with <b>Catholic Charities</b> for the provision of emergency financial assistance to families facing loss of Housing & Homeless Coalition for Homeless & Homeless Prevention System Performance Evaluation	1 year fiscal Ends June 30, 2017	Assist 23 families with rent and utility payments. 85% must remain housed a year after assistance is provided.
<b>TOTAL</b>	<b>\$202,000</b>				



**TABLE 12 | PALM BEACH COUNTY HUMAN SERVICES FUNDING - FY 2016**

**PALM BEACH COUNTY HUMAN SERVICES—AD VALOREM**

Year	Amount	Funding Source	Services	Grant Term	Deliverables / Outcomes
FY 2017	\$34,005	Ad Valorem	Contract with <b>Gulfstream Goodwill</b> for Case Manager at Beacon Place	Ends 9/30/2017	One Case Manager provides direct services of advocacy, budgeting, referral & linkage, crisis intervention. 83% of the Persons served will remain in permanent housing at of the end of the operating year or exited to permanent housing. 67% of the persons served will obtain at least one mainstream resource at the end of the operating year.
FY 2017	\$85,764	Ad Valorem	Contract with <b>Gulfstream Goodwill</b> for match for Permanent Supportive Housing Program Beacon Place	Ends 9/30/2017	Same as above
FY 2017	\$73,318	Ad Valorem	Contract with <b>Jerome Golden Center</b> for Peer Counselors to support homeless individuals in Permanent Supportive Housing	Ends 9/30/2017	4 Peer Counselors provide direct services such as shopping, attending appts, socialization events, welfare checks at varying times of day, night and weekends. 80% of the participants will remain in permanent housing & 80% will increase their income during the operating year.

TABLE 12 | PALM BEACH COUNTY HUMAN SERVICES FUNDING - FY 2016

## PALM BEACH COUNTY HUMAN SERVICES—AD VALOREM, continued

Year	Amount	Funding Source	Services	Grant Term	Deliverables / Outcomes
FY 2017	\$2,160,709	Ad Valorem	Contract with <b>Gulfstream Goodwill</b> for the operation of The Lewis Center	Ends 9/30/2017	Housing Services—75% do not re-enter the emergency services system within 6 months.
FY 2017	\$1,519,099	Ad Valorem	Contract with <b>Adopt-A-Family</b> for services for homeless families at The Lewis Center	Ends 9/30/2017	Housing Services—75% do not re-enter the emergency services system within 6 months.
FY 2017	\$204,506	Ad Valorem	Contract with <b>The Lord's Place</b> for life skills and job training at The Lewis Center	Ends 9/30/2017	Job placement—50% will remain employed three months after obtaining employment.
<b>TOTAL</b>	<b>\$4,077,401</b>				

## PALM BEACH COUNTY HUMAN SERVICES—AD VALOREM, continued

Year	Amount	Funding Source	Services	Grant Term	Deliverables / Outcomes
FY2017	\$24,144	Ad Valorem	Rent-Motor Pool Vehicles	Ends 9/30/2017	85% of clients in Housing First Program will remain housed after 1 year 80% of clients in Rapid Re Housing program will remain housed after 6 months
	\$8,554		Rep/Maint-Motor Pool Vehicles		
	\$6,120		Gasoline		
	\$921,818		Contributions for Individuals (rent, utilities, food, bus passes)		
<b>TOTAL</b>	<b>\$960,636</b>				





**TABLE 12 | PALM BEACH COUNTY HUMAN SERVICES FUNDING - FY 2016**

**FINANCIALLY ASSISTED AGENCIES through PALM BEACH COUNTY DEPARTMENT OF COMMUNITY SERVICES**

Year	Amount	Funding Source	Services	Grant Term	Deliverables / Outcomes
FY 2017	\$46,348	Ad Valorem	<b>Goodwill</b> —Homeless Residential Employment Services	Ends 9/30/2017	Program provides Employment Readiness Training, Job Development, and Placement and Follow-along services. Enrollment in the program is open to individuals residing in and receiving services from Goodwill’s Homeless Residential Programs.
FY 2017	\$242,364	Ad Valorem	<b>Adopt-A-Family</b> —Housing Stabilization Program, Project SAFE	Ends 9/30/2017	<p>Program serves families, earning less than 50% of the Area Median Income, who are homeless or at imminent risk of becoming homeless. The program will provide financial assistance &amp; supportive services to prevent homelessness or to rapidly re-house families in shelter</p> <p>Program provides PSH to homeless families. Supportive services such as case management, advocacy, budgeting, mental health counseling, access to education and job training, financial literacy, and childcare are offered to families.</p>
FY 2017	\$36,374	Ad Valorem	<b>Children’s Home Society</b> —Transitions Home	Ends 9/30/2017	Program provides TH & support services to young homeless mothers, so they have an opportunity to mature and have a productive future. Program provides education in basic living and parenting skills with this targeted population.

TABLE 12 | PALM BEACH COUNTY HUMAN SERVICES FUNDING - FY 2016

## FINANCIALLY ASSISTED AGENCIES through PALM BEACH COUNTY DEPARTMENT OF COMMUNITY SERVICES, continued

Year	Amount	Funding Source	Services	Grant Term	Deliverables / Outcomes
FY 2017	\$70,676	Ad Valorem	<b>The Salvation Army</b> – Center of Hope	Ends 9/30/2017	Program provides TH and case management services for a period of up to 24 months. Case Managers work with residents on an individualized case plan with goal of obtaining increased income and permanent housing in the community.
FY 2017	\$234,372	Ad Valorem	<b>The Lord’s Place</b> – Permanent Supportive Housing	Ends 9/30/2017	Programs offer weekly case management meetings, counseling, life-skill classes and other services to combat homelessness & prevent future homelessness by providing housing-focused Case Management to each household and tools to rebuild lives
FY 2017	\$30,450	Ad Valorem	<b>Legal Aid Society of PBC</b> –Homeless Legal Prevention Project	Ends 9/30/2017	Program provides low-income families at risk of homelessness with direct legal services and educational outreach activities for individuals and families in danger of eviction in order to maintain their existing housing or transition to new PH.
FY 2017	\$416,450	Ad Valorem	<b>Adopt-A-Family</b> –Project Reach, Travelers Aid	Ends 9/30/2017	Emergency Shelter for homeless families. The program provides housing and wrap around services to help them return to self-sufficiency. Travelers Aid–returns families and individuals home to avert homelessness through a Greyhound bus pass, which helps reduce costs to the County.



**TABLE 12 | PALM BEACH COUNTY HUMAN SERVICES FUNDING - FY 2016**

**FINANCIALLY ASSISTED AGENCIES through PALM BEACH COUNTY DEPARTMENT OF COMMUNITY SERVICES, continued**

Year	Amount	Funding Source	Services	Grant Term	Deliverables / Outcomes
FY 2017	\$37,101	Ad Valorem	<b>Children’s Case Management Organization</b> – Bridges to Success	Ends 9/30/2017	Program provides scattered site PSH in the western communities of Royal Palm Beach, Belle Glade and Pahokee. 100% of families served are referred through the Philip D. Lewis Center. Services are based on the individual family’s needs, which addresses basic needs, referral for medical or psychiatric care, employment skills and money management.
FY 2017	\$67,113	Ad Valorem	<b>Palm Beach Habilitation Center</b> – Supported Employment	Ends 9/30/2017	Program assists individuals with significant disabilities maintain competitive community employment. Participants receive assistance in developing and implementing a budget which assures their basic living needs are being met which prevents them from becoming homeless.
<b>TOTAL</b>	<b>\$1,181,248</b>				

**KEY:**

- |      |  |     |                               |
|------|--|-----|-------------------------------|
| ES   | Emergency Shelter                        | PSH | Permanent Supportive Housing  |
| EFSP | Emergency Food and Shelter Grant Program | HOT | Homeless Outreach Team        |
| CDBG | Community Development Block Grant        | HUD | Housing and Urban Development |
| ESG  | Emergency Solution Grant                 | SHP | Supportive Housing Program    |
| SPC  | Shelter Plus Care                        | WIA | Workforce Alliance            |



## HUNGER/FOOD SECURITY



### KEY INDICATOR

The Key Indicator for Food Security is the percentage of potentially food insecure households in Palm Beach County.

### GOAL

Reduce the number of potentially food insecure households in PBC to less than its lowest recorded historical rate of 6.7%.

### CURRENT STATUS

Hunger can—and does—exist in the midst of plenty. Nationally, more than 49 million Americans have trouble regularly putting nutritious food on the table. Despite its wealth, more than 200,000 residents in Palm Beach County struggle with hunger. People can't always feed themselves and their families because they have too little money, too little access both to federal nutrition programs and to sources of affordable healthy food, and too little information about how their challenges can be overcome. The result is a preventable human tragedy for families and communities. Recognizing the unacceptable consequences of local hunger, United Way of Palm Beach County, the Palm Beach County Board of County Commissioners, backed by a group of 183 organizations, convened the Hunger Relief Project and identified the need to create a comprehensive plan to reduce local hunger. The Food Research and Action Center (FRAC) and the University of South Carolina (USC) Center for Research in Nutrition and Health Disparities were commissioned to create this Hunger Relief Plan. The project started with a robust public engagement process that featured an online survey of 151 stakeholders, ten focus groups, ten interviews with people struggling with hunger, and 21 interviews with people engaged in anti-hunger work. The Hunger Relief Plan

recommended hiring a Hunger Relief Executive to lead and mobilize efforts to achieve the Hunger Relief Plan's ten goals. The Hunger Relief Plan was formally approved by the Board of County Commissioners on October 6, 2015.

### HUNGER RELIEF PLAN'S TEN GOALS

1. All county residents will be aware of hunger in Palm Beach County and solutions at hand.
2. Palm Beach County will advocate for the strengthening of public policies at all levels of government to systematically fight hunger and reduce food hardship.
3. Hunger in the Glades will be reduced through intensive, focused outreach and attention.
4. All Palm Beach County children will have access to the nutritious food they need to build healthy bodies and strong minds.
5. Low-income older residents of Palm Beach County will have balanced, nutritious diets.
6. Participation in SNAP (Supplemental Nutrition Assistance Program) will increase substantially to benefit more residents of Palm Beach County and SNAP benefits will be enhanced.
7. All Palm Beach County residents will be able to access healthy, affordable food in their community.
8. Food banks, pantries and other charitable agencies will partner to connect families to nutritious food and resources.
9. All Palm Beach County families will have the knowledge to make the best possible healthy food choices.
10. Low-income families in Palm Beach County will achieve higher incomes to purchase food, and household crisis hunger will decrease.

**"In this country that grows more food than any other nation on this earth, it is unthinkable that any child should go hungry."**

—Sela Ward

### MAJOR DISPARITIES

Many people deny the existence or downplay the incidence of hunger in America, much less in one of its wealthier counties. But hunger is not the same as starvation. There are few Americans who go for many days in a row or

weeks on end without eating or eating only sporadically. But there are far more than a few—millions, in fact—who miss one or several meals on some days because they have no food at home and no money with which to purchase it. There are children who go to bed hungry and go to class on an empty stomach. There are parents who skip a meal in order to feed their children. There are senior citizens who don't eat regularly. What these people experience certainly matches any reasonable definition of hunger. There are tens of millions of additional Americans who suffer from “food insecurity.” This term describes households who, while not suffering from outright hunger every week or month, still have trouble regularly putting nutritious food on the table.

Their resources are so limited that adults in the household find themselves:

- Running out of food;
- Choosing to serve cheaper, filling foods because more nutritious food costs too much;
- Skipping meals so their children can eat;
- Cutting back on meal sizes;
- Going from food pantry to food pantry to get (at times less than healthy) food;

- Being forced to take other serious steps to adjust to the economic problems threatening the adequacy of the family's diet; and/or
- Frequently suffering from stress, depression, and lethargy because of unhealthy nutrition and the constant economic struggle.

In 2013, 14.3 percent of people in the U.S. (and 19.5 percent of children) lived in food insecure households. That totals more than 49 million Americans.

15.4% of the Palm Beach County population is food insecure. With 36.2% in Belle Glade, 40.7% in Pahokee and 36.7% in South Bay living below



the federal poverty level, Western Palm Beach County has a significantly higher rate of food insecurity.

**REPORT HIGHLIGHTS**

- There are at least 175 food pantries and soup kitchens in Palm Beach County.
- Over 61% of students in Palm Beach County Schools are eligible to receive free and reduced meals (December 18, 2015).

**DATA**

**Free/Reduced School Meals:**

**SNAP:** Food stamp issuance dollars for Palm Beach County from July 1, 2014 to June 30, 2015 was \$301,412,679 (Source: Teresa Janeczek, DCF).

**WIC:** WIC dollars issued in Palm Beach County for Oct 2014-Sept 2015 was \$23,081,695.41 (Source: Marisol Perez, FL Dept. of Health).

**Agencies:**

Last year, the PBC Food Bank distributed over 5 million pounds to PBC and Feeding South Florida distributed 11 million pounds to PBC.

16 million pounds X \$1.72 (updated value from Perry Borman at PBC Food Bank) = \$27,520,000

## HUNGER/FOOD SECURITY

Estimated agency match = \$27,520,000  
Total = \$55,040,000

### Free and Reduced Lunch:

2014–2015 FY \$63,493,210 (Source: SDPBC, Allison Monbleau)

### Summer 2015:

\$1,960,000 (Source: SDPCB) + \$1,349,030 (Source: Florida Impact, Julie Kreafler, 2015 number) = \$3,309,030.

### Food Insecurity:

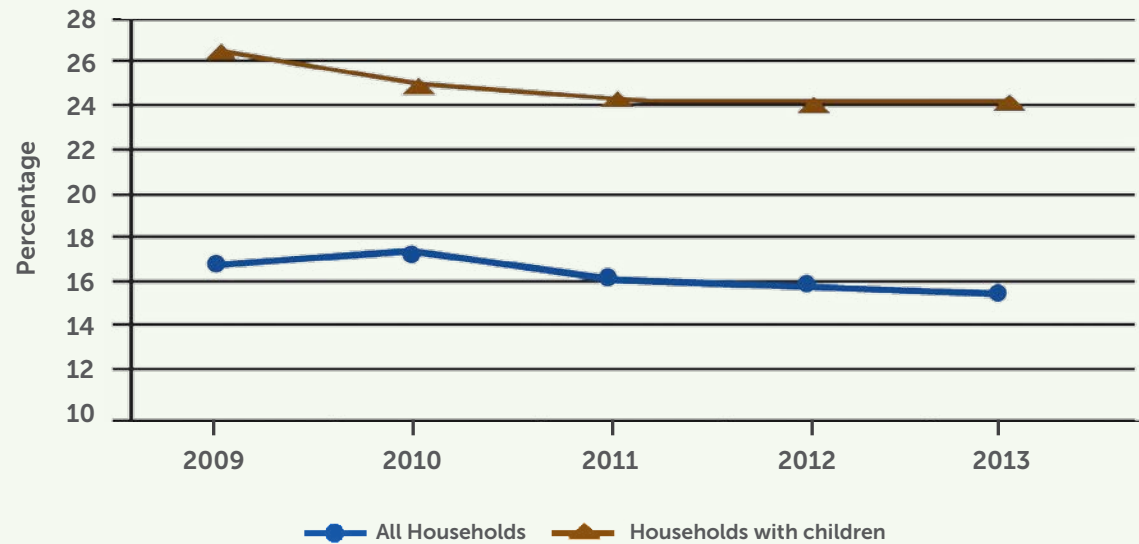
	US	FL	PBC
2014	14.5%	16.2%	14.7%
2013	14.3%	17%	15.1%
2012	14%	17.9%	15.4%

### US Food Security 2009-2014:

<http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/interactive-charts-and-highlights>

<http://www.feedingamerica.org/hunger-in-america/our-research/map-the-meal-gap/data-by-county-in-each-state.html>

**TABLE 13 | HOUSEHOLD FOOD INSECURITY IN PALM BEACH COUNTY (2009–2013)**



Source: Feeding America, Map the Meal Gap, 2013.



**USDA's Food Security:**

<http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx#ranges>

**USDA's labels describe ranges of food security:***Food Security*

- **High food security** (old label=Food security): no reported indications of food-access problems or limitations.
- **Marginal food security** (old label=Food security): one or two reported indications—typically of anxiety over food sufficiency or shortage of food in the house. Little or no indication of changes in diets or food intake.

*Food Insecurity*

- **Low food security** (old label=Food insecurity without hunger): reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake.
- **Very low food security** (old label=Food insecurity with hunger): Reports of multiple indications of disrupted eating patterns and reduced food intake





## MATERNAL AND CHILD HEALTH



### KEY INDICATOR

The Key Indicator for Maternal and Child Health is infant mortality.

### GOAL

Reduce the infant mortality rate in PBC below the Healthy People 2020 objective of 6.0 per 1,000 live births.

### CURRENT STATUS

The trend is green – Palm Beach County has reached the Healthy People 2020 objective. The infant mortality rate in Palm Beach County dropped from 6.3 in 2005 to 4.8 in 2014. In Florida, the rate dropped from 7.2 in 2005 to 6.0 in 2014. In 2014, the rate in Palm Beach County remains well below the state average. While rates are decreasing in both Palm Beach County and Florida, the rate of change in Palm Beach County has exceeded the state of Florida's rate of change on this indicator during this time period. Palm Beach County is making excellent strides in addressing infant mortality, but the mission is not yet accomplished. The United States infant mortality rate still far exceeds infant death rates in other developed countries, and significant racial disparities in birth outcomes persist.

Infant mortality is a widely accepted key indicator of a community's health and well-being, reflecting economic and social conditions, individual lifestyles, and the availability and effectiveness of health care systems. The U.S. continues to rank poorly with regard to infant mortality, yet spends far more on health care than other high-income countries, including Australia, Canada, France, the Netherlands, and the United Kingdom (Squires and Anderson, 2015). According to the

**“Infant mortality is one of the leading indicators of child health for a community. Compared to other industrialized nations, the U.S. continues to rank poorly in regard to infant mortality yet spends more on health care than any other country.”**

*–Health at a Glance, 2003*

“2015 World Fact Book” produced by the Central Intelligence Agency, the U.S. is ranked 167 out of 224 countries. Compared to 5.87 in the U.S., estimated 2015 infant mortality rates are as low as 1.82 in Monaco, 2.06 in Iceland and 2.08 in Japan. Public policies related to poverty, pregnancy, delivery, and the postpartum period, as well as difficulties in accessing reproductive health services in the U.S. are reported by

experts as likely contributors to high rates (Jacob, 2016).

### WHAT AFFECTS INFANT MORTALITY?

Leading causes of infant death in the U.S. and in Palm Beach County include genetic issues and congenital malformations, low birth weight, pregnancy and birth complications, sudden infant death syndrome, accidents, perinatal complications, and respiratory distress of the newborn (Xu, Murphy, Kochanek, & Bastian, 2016). Many of these are factors associated with preterm birth (Jacob, 2016). The U.S. Secretary of Health's Advisory Committee on Infant Mortality has called for consideration of an interplay of biological, behavioral, psychological, social, and environmental factors across a life span as influencing birth outcomes. Recommended strategies move beyond risk reduction during pregnancy to include health promotion across the life span, considering both individual factors as well as social determinants of health (Lu & Johnson, 2014).

Health care from preconception throughout development has enormous long-term effects on the life of a child. In fact, a large percentage of preventable infant deaths are due to the mother's health before becoming pregnant and inadequate care while pregnant (Battle, et al. 2015). In addition, maternal stress can have

profound effects on pregnancy and fetal development. A growing body of research has increased understanding the biological effects of stress on development. In particular, toxic stress, prolonged activation of stress response systems in the body and brain, can have negative consequences on learning, behavior, and health across the lifespan. Positive and protective relationships can buffer the effects of toxic stress and promote positive pregnancy and infant outcomes (National Scientific Council on the Developing Child, 2014).



Children and families are affected – positively or negatively – by a wide range of personal, social and environmental factors. Demographic and economic factor issues can be some of the strongest factors affecting the health, well-being and future success of children, their families, and ultimately our communities. Knowledge about these indicators, referred to as social determinants of health, can help policy makers, service organization, businesses and individual community members gauge large-scale trends in our community and assess future strategies for Palm Beach County. In addition, this data can help provide context and depth to other health and child well-being indicators.

**CURRENT AND FUTURE PLANNING EFFORTS**

Research has identified a multitude of factors that can impact healthy births and infant mortality. Screening for these factors and providing high-quality, evidence-based intervention services can promote healthy birth outcomes and reduce infant mortality rates.

The Children’s Services Council (CSC) of Palm Beach County is an organization that provides leadership, funding and research on behalf of Palm Beach County’s children so they grow up healthy, safe and strong. As a part of CSC’s

overall Early Childhood System of Care, the Healthy Beginnings System (HB) has been carefully designed and developed to provide a range of coordinated services for prenatal and postnatal women, and families with children birth to age 5. Operational in Palm Beach County since 2009, the HB System is dedicated to promoting healthy births, reducing child maltreatment, and promoting children’s kindergarten readiness. Within the system, multiple programs are strategically aligned to deliver coordinated, comprehensive and integrated services.

The Healthy Beginnings System offers universal risk screenings to all pregnant women, newborns, and young children. These screenings help identify health issues, potential developmental hurdles or familial challenges that place a woman and, in turn, her baby at risk for long-term problems. Risk factors identified include factors such as poverty, stress, limited access to health care, poor nutrition, age, substance abuse, homelessness, domestic violence and more. If screenings identify obstacles to children’s health and development, services are offered to address concerns and strengthen families’ ability to raise strong children.

## MATERNAL/CHILD HEALTH

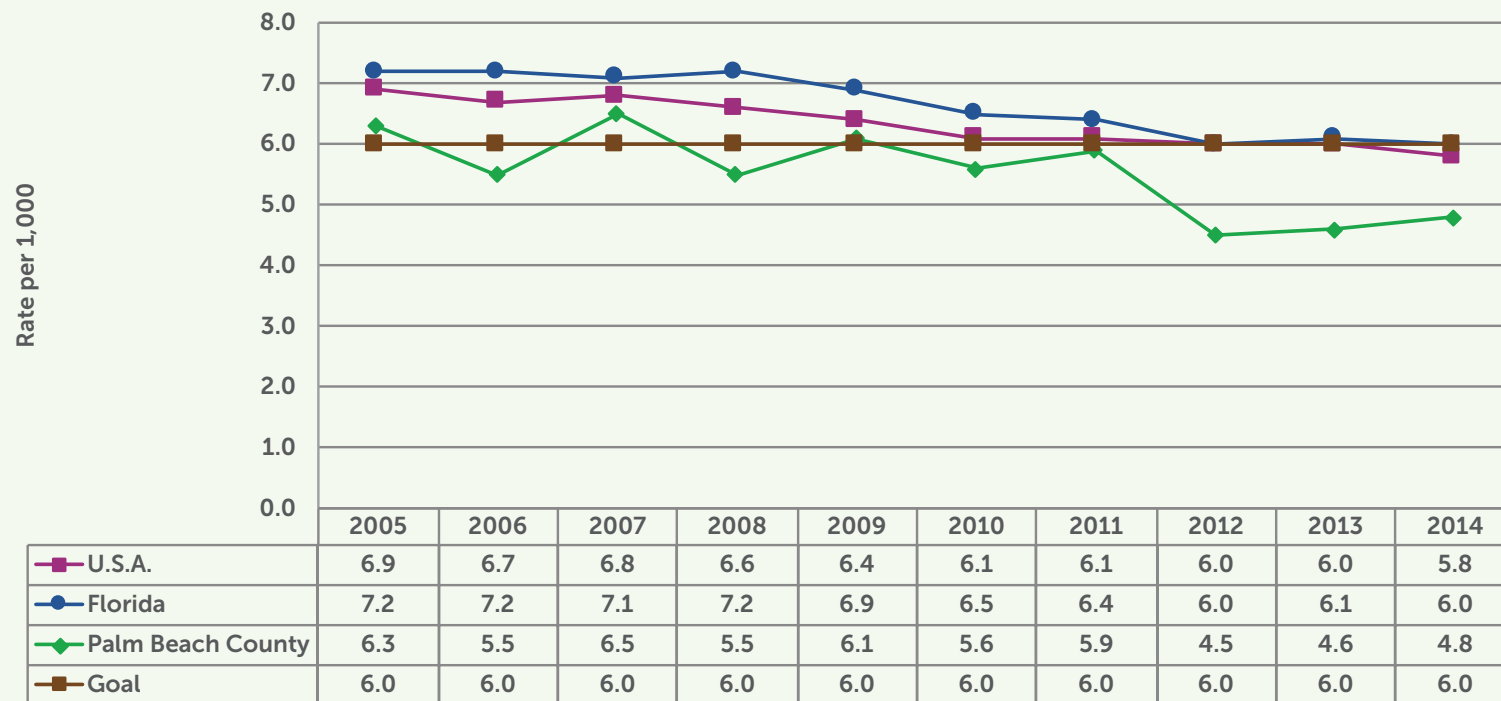
The HB System has grown purposefully and includes more than 20 health and social service agencies, providing a range of evidence-based and locally developed programs and services throughout Palm Beach County. It is CSC's most direct strategy and connection to increasing healthy births and decreasing child abuse and

neglect. The array of prenatal and early childhood intervention services includes facilitating access to a medical provider and funding source for medical care, counseling services for maternal depression and infant mental health support, nutritional information, childbirth and breastfeeding education, family

support services, home visiting programs to promote parent-child attachment, and identification and treatment of children's physical, developmental, emotional or behavioral issues.

Through these activities and a continued focus on both human and financial resources on

**TABLE 14 | INFANT MORTALITY RATE**





primary prevention and early intervention, Palm Beach County’s community partners work toward ensuring that all children in Palm Beach County are born healthy and start life with a strong foundation for success. Ultimately, these actions and a commitment to funding programs that achieve outcomes will result in continued improvement to birth outcomes in Palm Beach County, decreased infant mortality and reductions in disparities.

**MAJOR DISPARITIES**

- Significant racial disparities exist in infant mortality rates.
- In 2013, the infant mortality rate in the United States for non-Hispanic Black women was 11.1, compared to 5.1 for non-Hispanic White women. Although the rate declined for both groups from 2005 to 2013, the rate for non-Hispanic Black women is more than double the rate for non-Hispanic White women (Mathews, MacDorman, & Thoma, 2015).
- In 2014, the infant mortality rate in Palm Beach County was 8.6 for Black women, compared to 3.0 for White women. The rate for Black women is more than 2.8 times the rate for White women.
- In the U.S., if current trends continue, the racial disparity in birth outcomes will disappear by the year 2063 (Pecha & Ramsey, 2014).

- Following trends in Palm Beach County, parity is estimated to be achieved in 2045 (Pecha & Ramsey, 2014).
- 2045 is not soon enough. Efforts must stop the transmission of social inequality across generations and close the infant mortality gap.

**REPORT HIGHLIGHTS**

- Infant mortality rates continue to decrease, and Palm Beach County is doing well compared to the state of Florida.
- Palm Beach County has met the Healthy People 2020 target. Efforts continue to further reduce this rate and achieve equity.

**REFERENCES**

Battle, R., Cheves, I., Englestad, C., Goodman, J., McNamara, P., Pickens, D. Palm Beach County Equity Institute. Poster session presented at: CityMatCH. The Equity Institute Training, 2015 Jun 2-4; New Orleans, LA.

Pecha, D. and Ramsey, B. CitymatCH. Institute for Equity in Birth Outcomes Equity Institute Training for CSC PBC, 2014 May. Boynton Beach, FL.

Jacob, J.A. US Infant Mortality Rate Declines but Still Exceeds Other Developed Countries. JAMA. 2016; 315(5):451-452.

Lu, M.C. and Johnson, K.A. Toward a National Strategy on Infant Mortality. American Journal of Public Health. February 2014; 104(S1):S13-S16.

Mathews TJ, MacDorman MF, Thoma ME. Infant mortality statistics from the 2013 period linked birth/infant death data set. National vital statistics reports; vol 64 no 9. Hyattsville, MD: National Center for Health Statistics. 2015.

National Scientific Council on the Developing Child. (2005/2014). Excessive Stress Disrupts the Architecture of the Developing Brain: Working Paper 3. Updated Edition. <http://www.developingchild.harvard.edu>

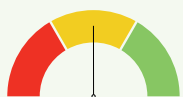
Squires, D., Anderson, C. U.S. Health Care from a Global Perspective: Spending, Use of Services, Prices, and Health in 13 Countries, The Commonwealth Fund, October 2015.

The World Factbook. Washington, DC: Central Intelligence Agency, 2015.

Xu JQ, Murphy SL, Kochanek KD, Bastian BA. Deaths. Final data for 2013. National vital statistics reports; vol 64 no 2. Hyattsville, MD: National Center for Health Statistics. 2016.







**KEY INDICATOR**

A Key Indicator for Mental Health is Suicide Rate.

**GOAL**

Reduce the suicide rate from its current rate of 4.8 persons per 100,000 population.

**Proposed Future Goal** [*Note: It has been suggested that the Goal be changed in the future. The future suggested Goal would read “Reduce the suicide rate from its current rate of 17.4 persons per 100,000 population to the national target of 10.2 persons per 100,000 population (Healthy People 2020).*]

**CURRENT STATUS**

According to a new report from Mental Health America, [State of Mental Health Report](#), most Americans still lack access to care; 56% of American adults with a mental illness did not receive treatment. There is a serious behavioral health workforce shortage. Florida is 41st in the nation in behavioral health workforce, which results in less access to care. Florida is 43rd in the nation in Access to Care, and the States with less access to mental health care have more adults in the criminal justice system. Florida is in the worst 6 states in low access to care and high incarceration of people with mental illness.

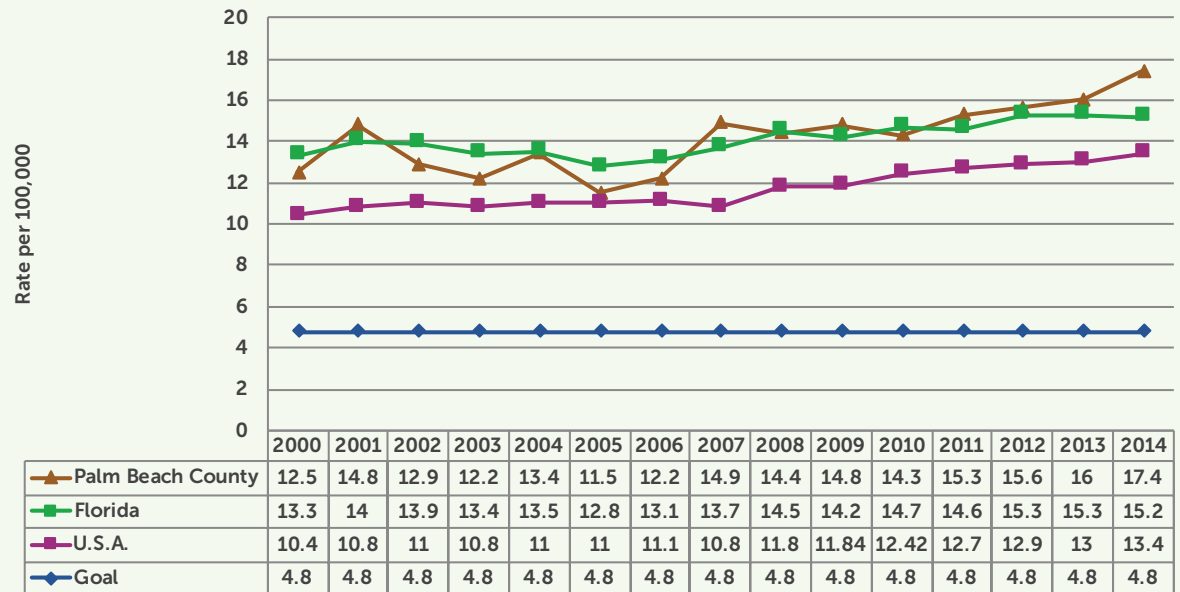
Florida is 49th in the nation in funding for behavioral health. Between 2009 and 2013, funding for mental health was cut \$4.6 billion nationally. Lack of funding, access to care, and more than half of Florida’s adults are not receiving treatment they need are all contributing to a suicide rate in Palm Beach County that is higher than Florida and higher than the nation as a whole.

There are approximately 4–5 suicidal deaths per week among residents in Palm Beach County—**an increase of 25% since 2008!** According to the Centers for Disease Control and Prevention for 2014, there were 242 deaths by suicide in Palm Beach County. This is a rate of 17.4 deaths

per 100,000 residents. The Palm Beach County suicide rate is higher than both the state and national rates (15.2 and 13.4, respectively). The national suicide rate has increased 18.2 percent between 2004 and 2014, from 11.0 to 13.0 per 100,000 population (age adjusted) and is the highest rate in 28 years. The rate for females is more than 3 times that for males (Table #15).

The Healthy People 2020 report sets a target of 10.2 suicides per 100,000 people or less. While this is a challenging goal, which our nation is not yet meeting, we can strive to find ways to get closer to that goal by improving early identification and treatment options for people in our community.

**TABLE 15 | TOTAL DEATHS BY SUICIDE**



Sources:  
 National 2009–2014 suicide rates: <http://www.suicidology.org/resources/facts-statistics>  
[http://www.floridasuicideprevention.org/PDF/2008\\_US\\_Suicide\\_Official\\_Final\\_Data\\_AAS.pdf](http://www.floridasuicideprevention.org/PDF/2008_US_Suicide_Official_Final_Data_AAS.pdf)  
 Florida suicide rates: <http://www.flpublichealth.com/VBOOK/VBOOK.aspx>  
 Palm Beach County suicide rates: CDC Centers for Disease Control and Prevention, National Center for Health Statistics  
<http://wonder.cdc.gov/ucd-icd10.html>

The highest rates of suicide by age group in Palm Beach County are ages 55–64 (34.4 per 100,000), 65–74 (rate=26.2), and 75–84 (rate=22.8). Clearly, older adults starting age 55 are at risk.

In Palm Beach County, as is true nationally, the number of adults with any diagnosable mental disorder within the past year is nearly 1 in 4, or roughly 284,500 Palm Beach County adults. Although most of these conditions are not disabling, over 48,000 adults (4.2%) have more serious functional impairment due to a mental illness, such as schizophrenia, major depression, or bipolar (Table #16). Fully 20 percent—1 in 5—of children (estimated 55,000 kids) currently have and/or previously had a seriously debilitating mental disorder. (*Census and NIMH 2015*).

Mental illness does not always lead to suicide, but suicide is occasionally an outcome from untreated or under-treated mental illness. Suicide is a complex behavior. Not everyone who takes their own life is mentally ill.

Suicide can be prevented and is often the result of Stage 4 mental illnesses that are unidentified and/or under-treated. We could prevent many suicides through early identification and treatment. Many evidence-based screening tools (such as the PHQ9) are now being used to

**PALM BEACH COUNTY SUICIDES BY AGE (2014)**

	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	TOTAL
<b># Suicides in PBC</b>	20	29	27	28	61	40	24	13	242
<b>Rate</b>	12.5	17.7	16.5	14.6	34.4	26.2	22.8	unreliable	17.4

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999–2014 on CDC WONDER Online Database, released 2015. Data are from the Multiple Cause of Death Files, 1999–2014, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10.html> on Aug 3, 2016 9:52:38 AM

**TABLE 16 | 12-MONTH PREVALENCE OF MENTAL ILLNESS IN U.S.**

12 Month Prevalence	Percent	Number of people 18 and older
<b>Mental Disorder</b>	25.0%	284,500
<b>2 or more disorders</b>	45% of above	128,025
<b>Serious Mental Illness</b>	4.2%	48,000
<b>Mood Disorder</b>	9.5%	108,940
<b>Bipolar</b>	2.6%	34,400
<b>Schizophrenia</b>	0.8%	9,174

Source: NIMH and U.S. Census

NIMH source for Bipolar: Kessler RC, Chiu WT, Demler O, Walters EE. Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). *Archives of General Psychiatry*, 2005 Jun;62(6):617-27.

detect early signs of mental illnesses. In Palm Beach County, 2,559 children and adults were screened as part of a new program and 20% of children and 37% of adults screened tested moderate to severe, indicating that they had signs of depression and anxiety (Mental Health GPS report June 2016, MHAPBC). Most of the people screened had never been diagnosed with a mental illness in the past.

Suicide is not the only indicator of the mental health of a community, but is surely the most devastating to family and friends. People with mental illness need access to appropriate treatment and prevention services.

Other indicators of the mental health of the community include:

- **Funding for services.** Currently, Florida's Provision of Mental Health Services ranks 49th out of 50 States. Florida spent just \$37.28 per person annually on these services, less than one-third of the US average of \$125. (<http://www.fpi.institute/floridas-provision-of-mental-health-services-ranks-49th-out-of-50-states>)
- **Hospitalization and readmission rates.** Mood disorders ranking as #1 inpatient diagnosis for children ages 1-17. Mood disorders accounted for 12.5% of all E.D. visits (12 million) in 2007. (*Most Frequent Conditions in US Hospitals, 2010, AHRQ, January 2013; HCUP Facts and Figures 2009; HCUP Brief #92, July 2010*). Palm Beach County

---

**“There are measures we can and must take right away to help prevent suicide—encouraging responsible media reporting, promoting suicide prevention help lines, reducing access to lethal means, raising awareness and getting at-risk individuals to appropriate care.”**

—NIMH

<https://www.nimh.nih.gov/about/directors/thomas-insel/blog/2014/suicide-a-global-issue.shtml>

---

should try to lower hospitalization and re-hospitalization rates.

- **Provide better access to children through integrated health care and services in schools.** Screen children as part of their well-child exams routinely. Provide better services through our schools. 20% of children have mental illnesses, but only .8% are identified with emotional disturbances for special education.

- **Fewer people with mental illness in jails and prisons.** Estimates of how many people with mental illness are in our criminal justice system vary considerably from 20–64%. Divert people with mental illness to treatment rather than jail.
- **Prevent homelessness of people with mental illness.** On any given day in Florida, more than 16,000 people with mental illnesses are homeless (*Treatment, Not Jail: Investing in Community Solutions to Florida's Human Services Crisis, Florida Partners in Crisis, 2007*).
- **Improve mental health services for veterans and their families.** Palm Beach County has the second largest number of returning veterans in the state. Through community and agency collaboration, services are being identified to support the needs of the veterans and their families, to address post-traumatic stress disorder (PTSD) and other stress issues experienced.

Given the current economic situation, all service providers are experiencing an increase in requests for services to address multiple issues. As with all services, there are more demands for service than the system can provide, especially to deal with mental health issues. Community awareness and support for the prevention of mental health issues and co-occurring disorders is a continued focus for all components of the system of care.

**“Suicide is a lead indicator of the prevalence of mental health problems.”**

–Florida Department of Health  
<http://www.doh.state.fl.us/family/childhealth/childreport/hi/hi9/suicide.html>

The statistics in Table #15 for suicide indicate the following:

- In 2014, Palm Beach County had a suicide rate of 17.4 individuals per 100,000 population.
- In 2014, the State of Florida had a suicide rate of 13.4 individuals per 100,000 population.
- Total yearly deaths from suicide in Palm Beach County increased from 12.5 in 2000 to 17.4 in 2014 (per 100,000 population), an increase of 4.9 (per 100,000 population).
- Total yearly deaths from suicide in the State of Florida increased from 13.3 in 2000 to 15.2 in 2014 (per 100,000 population), an increase of 1.9 (per 100,000 population).

- Total yearly deaths from suicide in the nation increased from 10.4 in 2000 to 13.4 in 2014 (per 100,000 population), an increase of 3.0 (per 100,000 population).
- Palm Beach County has the second largest population of returning veterans in the State of Florida, and returning veterans have a suicide rate higher than the population at large.
- Based on 2014 suicide data, Palm Beach County suicide rate is more than the State of Florida suicide rate by 2.2 (per 100,000 population).

### CURRENT AND FUTURE PLANNING EFFORTS

Public and private funders are collaborating to expand the expertise of the provider agencies to address the complex issues in the service delivery system. Providers are being trained in co-occurring disorders, trauma-informed care, client-directed outcome-informed practice and evidence based practice. In addition, the system of care is expanding services to address the unique needs of the homeless population and the returning veterans from Iraq and Afghanistan. The service providers, education and law enforcement are collaborating to develop a matrix of services that include prevention and intervention services for youth to reduce the impact of mental health issues on the adult population.

While not included in this category, the needs of the aging population and those who serve as caretakers are an increasingly growing underserved population.

- Southeast Florida Behavioral Health Network (SEFBHN) supports planning and funding efforts for community providers and partners to address the needs of both youth and adults.
- SEFBHN is collaborating with multiple agencies and funders including the Department of Juvenile Justice, Criminal Justice Commission, and the Palm Beach Sheriff’s Office to provide services to both youth and adults involved with either system.
- The Criminal Justice Commission is spearheading an interagency Behavioral Health Task Force to develop strategies to increase the number of people who are diverted from the criminal justice systems into appropriate mental health treatment and support systems.
- Community providers conduct community awareness meetings and distribute information on signs, symptoms and resources to address mental health issues.
- Palm Beach County provides support to Mental Health GPS, which is guiding people to services through its Helpline (561) 801-HELP to provide information and referral for all county residents.



**“Approximately 7 or 8 individuals out of 1,000 will have schizophrenia in their lifetime.”**

–NIMH

- More integrated behavioral health and primary health care should be encouraged in Palm Beach County.
- Build toward a system that provides access to needed services close to where they are needed.
- De-stigmatize services for mental and behavioral health by integrating them into normalized settings such as primary care healthcare settings.
- The community is taking advantage of increasingly evidence-based interventions such as screening, peer mentoring and other supports that increase resilience and adherence to treatment interventions.

The suicide rate is highlighted here because it can be tracked over time and can demonstrate whether people are receiving the kinds of care that will prevent the worst mental health crisis:

an untimely death. Suicide can be averted with the right kinds of mental health services and care. Without the proper care, many with mental health disorders wait until Stage 4 and can end up in the hospital, in jail or worse. We need to address mental health issues before Stage 4 (#B4Stage4) in order to avoid the high cost to our community for these institutions, our public funding goes to treatment and preventative services. With the appropriate supports in place, people with mental illness can lead productive and rewarding lives.

The chart below shows the amount spent in 2015–16 in Palm Beach County on inpatient, outpatient, crisis support and crisis stabilization

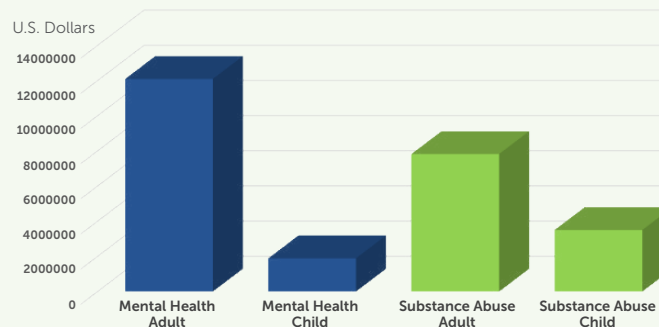
all for Palm Beach County. *Source: SEFBHN (Table 16.1: SEFBHN Spending 2015–2016)*

**MAJOR DISPARITIES**

- A review of the data reveals that Palm Beach County’s suicide rate is above the state and national average.
- More resources are committed to treatment of mental health and mental illness than to prevention for youth and adults.
- The issues of returning veterans need special levels of funding for both them and their families, including children.

**TABLE 16.1 | SEFBHN SPENDING 2015–2016**

Southeast Florida Spending on Mental Health and Substance Abuse (SEFBHN)



Program Type	Population Type	\$
Mental Health	Adult	12,092,970
	Child	1,888,287
Substance Abuse	Adult	7,822,787
	Child	3,497,826
<b>Total</b>		<b>25,301,870</b>

*Source: SEFBHN Includes inpatient, outpatient, crisis support and crisis stabilization all for Palm Beach County.*





## PUBLIC SAFETY/VIOLENT CRIME



### KEY INDICATOR

The Key Indicator for Public Safety is the prevalence of violent crime.

### GOAL

Maintain an average violent crime rate for PBC of no more than 462.7 crimes per 100,000 population.

*Note: This goal mirrors PBC's 2013 violent crime rate, the lowest rate during the past decade. Palm Beach County's goal of 462.7 is lower than that of the State's rate of 476.2 for 2013, County and State averages over the past ten years indicate that the goal represents a 0.9% reduction in violent crime over the State average.*

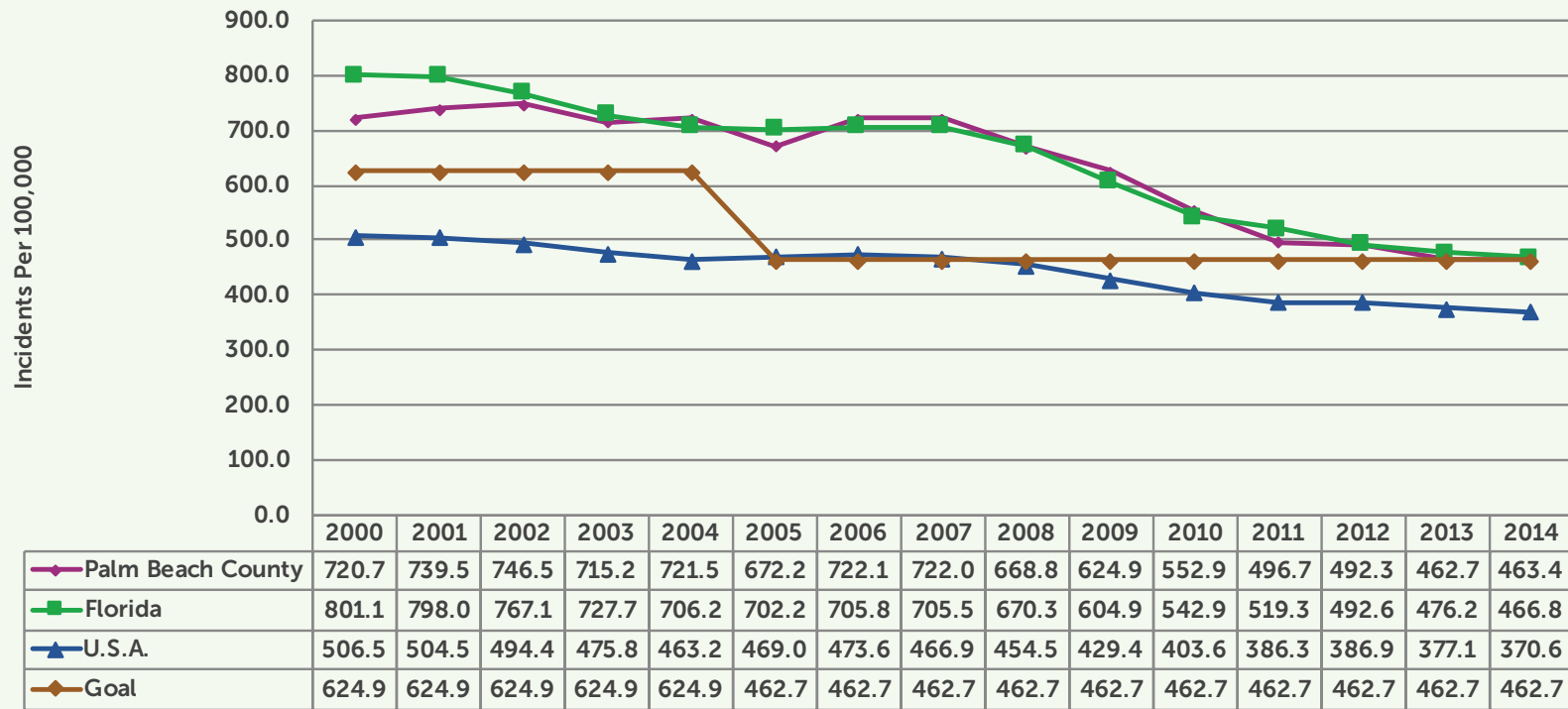
**CURRENT STATUS**

The indicator signal suggest that the Goal of maintaining an average violent crime rate for PBC of no more than 462.7 crimes per 100,000 is good, or Green. This is inferred due to the downward trend in the occurrence of violent crime, evidenced in Table #17.

Although national data for 2015 is not available, from the nine-year trend line, it may be assumed that 2015 shouldn't prove to deviate significantly, and thus, for comparative purposes, the nation's 2014 low rate (may be underestimated given the trends) of 370.6 was utilized to calculate the national 10-year average.

Table #18 compares the current rate per 100,000 with the PBC goal rate of 462.7. The percentage difference from the current rate to the goal rate reflects a significant reduction in the gap between the nation and Palm Beach County.

**TABLE 17 | VIOLENT CRIME RATE**



**CURRENT AND FUTURE PLANNING EFFORTS**

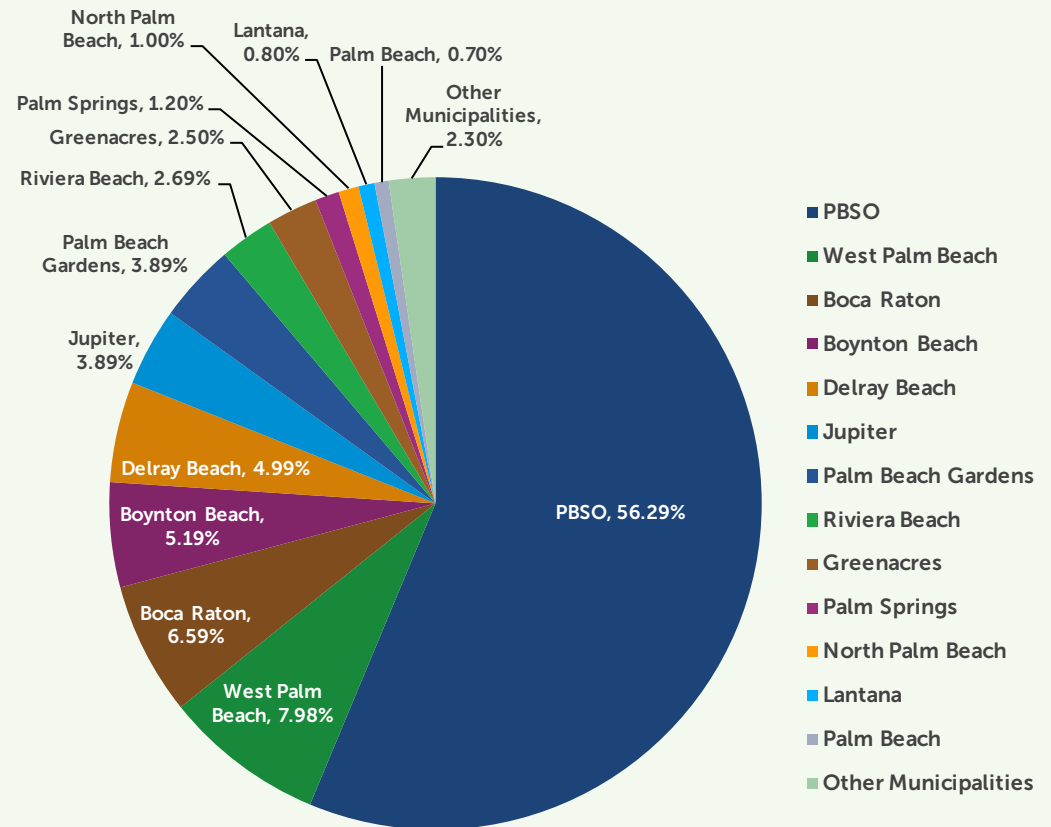
Despite a 6.9% county population increase from 2005 (population 1,265,900) to 2014 (population 1,360,238), the data shows that violent crime has decreased by 38% overall and has been trending down since 2005. This fact bodes well in the effort to maintain our goal. In fact, with the exception of two of the past 10 years (2006, 2007), violent crime has steadily decreased. The largest decrease in violent crime has been in the robbery offenses category, with a 51.7% decrease. Aggravated assault has also decreased, however murder and forcible sex offenses have increased by 16.2% and 20.0% respectively over the past decade.

It must be reiterated that PBSO is one of 24 county law enforcement agencies, albeit the

**“I object to violence because when it appears to do good, the good is only temporary; the evil it does is permanent.”**

–Mahatma Gandhi

**CHART 7 | COUNTY POPULATION BROKEN DOWN BY LE SERVICE PROVIDER**



**TABLE 18 | VIOLENT CRIME RATE PBC & STATE**

PBC 10 yr avg	587.8
State 10 yr avg	588.7
Difference	-0.9
% PBC < State	-0.1%

largest in both human resources and funding. This agency alone cannot shoulder the entire burden of meeting the target goal.

Threats that may pose hurdles in maintaining the goal of 462.7 crimes per 100,000 population are as follows:

- Increased local gang activity – PBC has approximately 160 gangs with a total of 4,800 gang members
- Poor economy, expected to be on a slow recovery
- Escalation/continuation of illicit and illegal prescription drug use
- Decreased property values resulting in less available funding may affect the following:
  - Discontinuance of programs
  - Decrease in personnel (both deputies/officers and civilian staff)
  - Lack of latest generation equipment

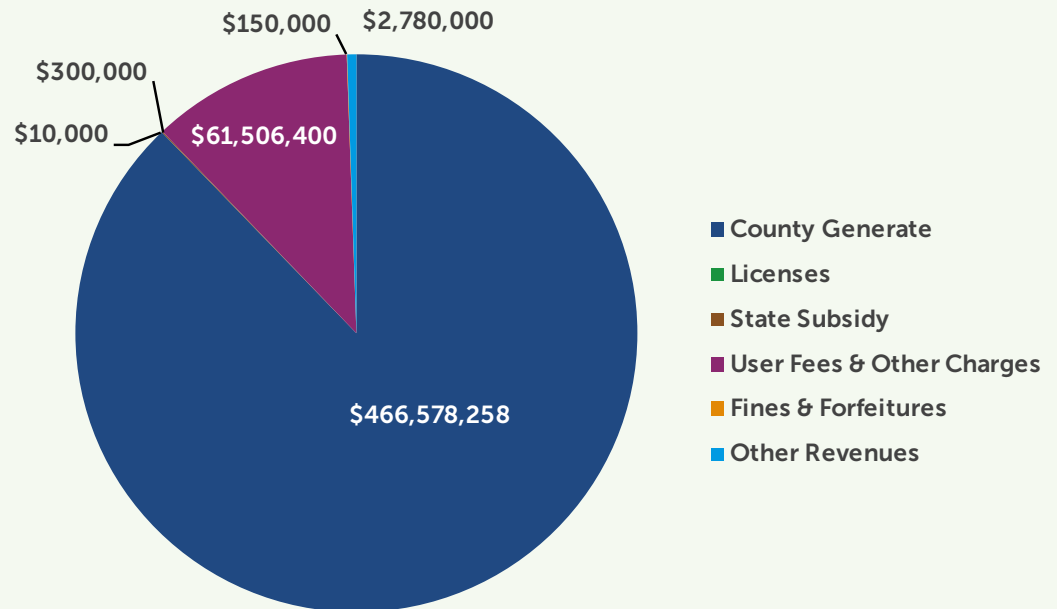
The above threats may be directly correlated to the changing face of violent crime in Palm Beach County. Murder and robbery are the two categories of violent crime that have increased in the past decade; however, the fact that both categories decreased in the past year (and robbery for two years), may indicate a continued downward trend.

**MAJOR DISPARITIES**

- Within Palm Beach County there are 25 independently managed and funded public safety departments (PBSO and 24 municipalities). PBSO accounts for 56.4% of the county while other agencies make up 43.6%.

- In all data reporting and analysis, disparity exists, and crime reporting is no exception. County and State data are drawn from FDLE UCR statistics. National data is drawn from NIBRS.

**CHART 8 | PBSO FY 2015 OFMB ADOPTED REVENUE BUDGET**





## PUBLIC TRANSPORTATION



### KEY INDICATOR

A Key Indicator for Public Transportation is ridership.

### GOAL

The overall goal for public transportation is to provide safe, efficient, affordable, friendly and reliable public transportation for the residents and visitors of Palm Beach County.

### CURRENT STATUS

Transportation is the second largest expense for American households, costing more than food, clothing, and health care. According to the Center for Neighborhood Technology, Palm Beach County residents spend an average of 25 cents of every dollar on transportation, with the poorest fifth of families spending more than double that figure. By any measure, South Florida is one of the most traffic-congested regions in the country.

While congestion on the region's major roadway is a constant source of frustration for residents, the major north-south corridor (I-95) is already as wide as state law permits throughout most of the County. The growing

congestion is the result of two distinct but highly interdependent patterns of land use development. First, new housing has been located in relatively low density developments sprawling out on the western and northern parts of the region. Second, office development has followed a similarly sprawling pattern. It is extremely difficult to provide effective transit to serve such a pattern of sprawl, leaving people little recourse but community by car.

The South Florida region, which Palm Beach County is a part of, is one of the top ten most congested metro areas in the country. According to the 2010 census, the average travel time to work in Palm Beach County is 24.7 minutes, which is close to the national average; however, Palm Beach County is anticipated to grow by 20% in the next 20 years. The expansion west has created a challenge to providing transportation due to the popularity of gated communities. In addition to gated communities, many of the western areas in the County along State Road 7, State Road 80, and the Jog Road corridor lack a connective street/grid network and population densities that encourage efficient transit usage. Given these challenges, many of these western County residents' only public transportation option is paratransit service. In the face of rapidly escalating costs for door-to-door paratransit



**"We need to change the narrative about public transportation. It is about people. Transportation is not important because of what it is, it is important because of what it does. It connects people to jobs, to family, to play, to important medical appointments, to education, and more. It is a critical element in enhancing the quality of life of Palm Beach County residents and visitors. It also contributes to the overall financial vitality of a community."**

–Palm Tran Executive Director  
Clinton B. Forbes

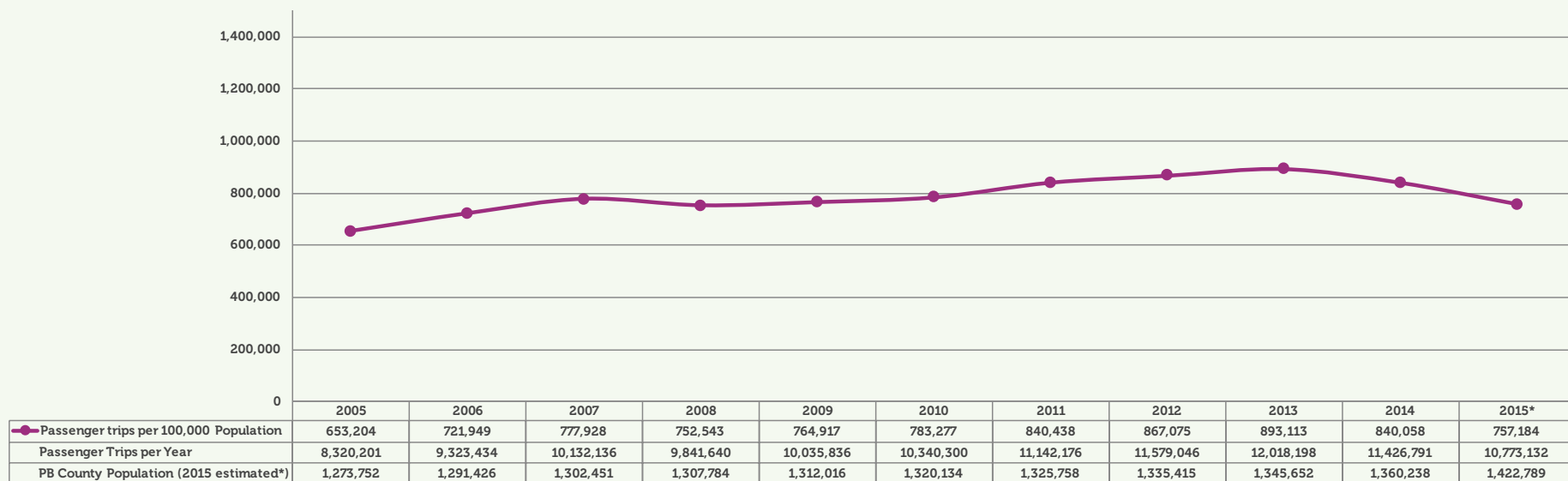
service, emphasis is being placed on greater use of fixed-route transit for Americans with Disabilities (ADA) customers. One of the ways Palm Tran is encouraging more fixed-route use is by offering existing Connection customers a free ADA pass. The ADA pass allows Connection customers access to the entire bus network

free of charge. ADA pass usage has increased each month since this program was introduced.

In Fiscal Year 2011, Palm Tran fixed-route buses averaged approximately 37,708 passengers per weekday and transported an annual total of 11,124,904 passengers. For Fiscal Year 2015, Palm Tran averaged 36,621 weekday passengers and

annual ridership of 10,773,132 passenger trips. In the last five years, gas prices have fallen by an average of 40% in some places, which has negatively impacted transit ridership nationally, and Palm Tran has mirrored those national trends.

**TABLE 19 | PASSENGER TRIPS PER 100,000 POPULATION**



Population Source: University of Florida, Bureau of Business & Economic Research and US Census Population



### Available Options in Palm Beach County:

There are three public transportation options in Palm Beach County: Tri-Rail, Palm Tran/Palm Tran Connection, and city trolleys.

Tri-Rail is a commuter rail system with convenient train service with 18 stations between Miami to Mangonia Park. They have 50 trains in service on weekdays, 30 on weekends and operate 365 days a year. All trains are ADA accessible and operate as frequently as every hour to 20 and 30-minute service during peak times.

Tri-Rail is the only regional commuter rail system that links Miami-Dade, Broward and Palm Beach Counties. On average, they serve 14,000 daily and 350,000 monthly passengers, with Palm Beach County averaging 130,000 riders a month (38% of total ridership). There are sev-

---

**“Transportation is the hinge which upon every door opens. Without a means to get from here to there, we would be nowhere.”**

–David Evan  
Public Transportation Advocate

---

eral fare options; the least expensive one-way fare is \$2.50 and roundtrip fare is \$4.40 with a monthly pass at \$100. Several discount fare programs are available.

Palm Tran is responsible for operating, maintaining and administration of the county’s express, fixed-route and paratransit bus service, which provides transportation mobility options to the citizens and visitors of Palm Beach County and the South Florida region through direct connection to Tri-Rail and Broward County Transit.

Palm Tran provides more than 10 million rides a year. Generally speaking, weekday peak service runs every 30 minutes. Off-peak service runs every 60 minutes. Timed-transfer points allow for easy movement from the north/south main routes to the east/west secondary routes. All Palm Tran buses are equipped with wheelchair ramps, automatic stop announcement systems, surveillance cameras, GPS, bike racks, and

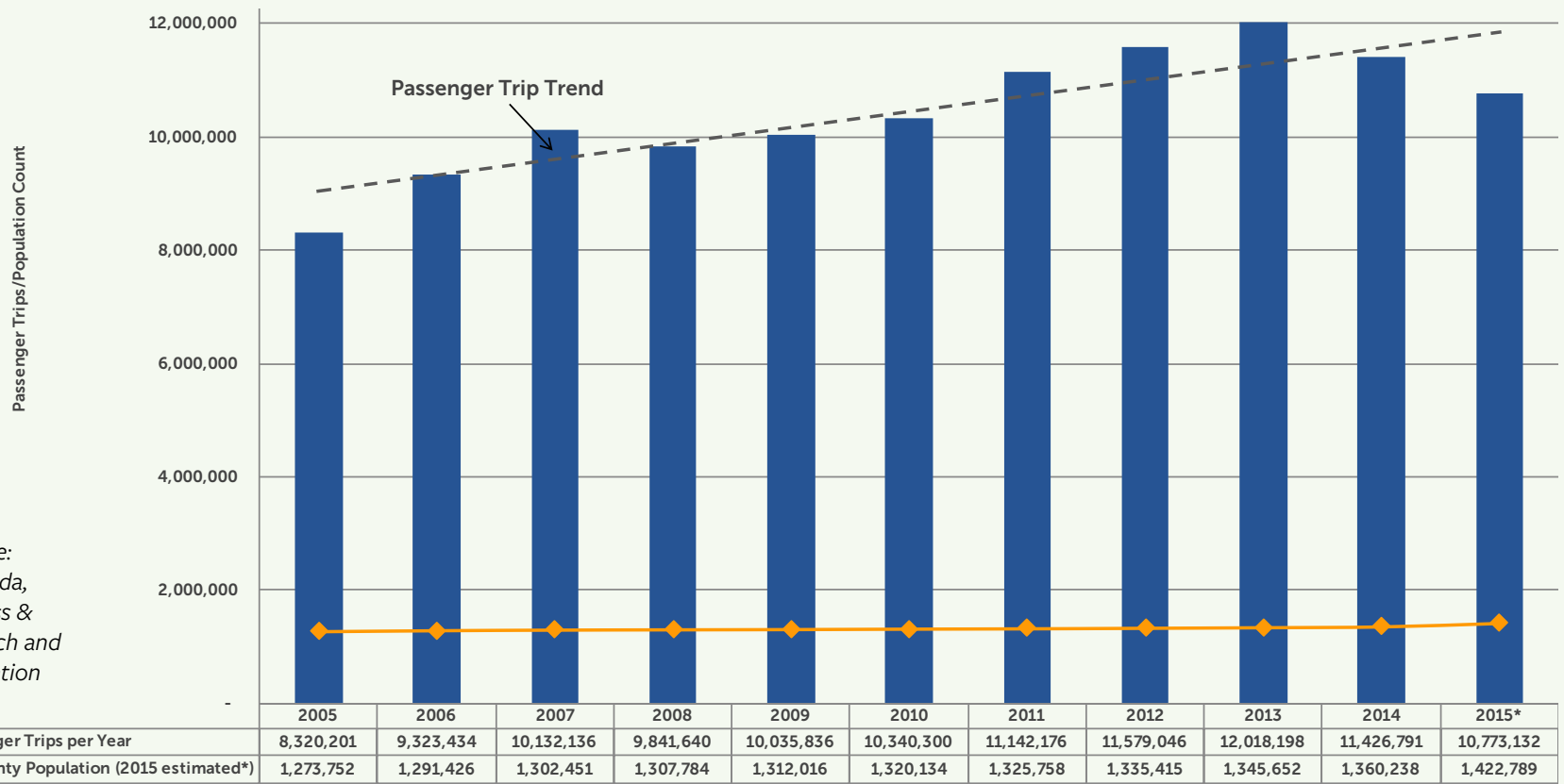


real-time information for customers. Base fare is \$2.00 per bus ride for adults. An all-day, unlimited ride pass is available for \$5.00 and a 31-day pass sells for \$70.00. Palm Tran offers a

half-fare on single-trip cash fare and a reduced price on all passes for those who qualify (senior, students, Medicare, etc.) In addition, several discount passes are available including a \$15.00

or \$20.00 (31-day pass) for those who are under the poverty level.

TABLE 20 | ANNUAL PASSENGER TRIP GROWTH VS. POPULATION



Public transportation (Palm Tran fixed-route and Tri-Rail) primarily services the heavily populated eastern region of the County. As the western population increases, transit slowly expands west. Para transit is available countywide for eligible riders. Tri-Rail is the primary transportation option for north and south trips linking Palm Beach County with Broward County and Miami-Dade County.

Also included within Palm Tran is the County's paratransit service: Palm Tran Connection. Connection is a shared ride, door-to-door public transportation option for seniors, persons with disabilities and low-income residents and visitors in Palm Beach County. Transportation is provided to eligible riders.

Connection travels to every destination in PBC. Connection schedules all trips, prepares vehicle manifest, handles customer concerns and commendations, determines eligibility and monitors the performance of the transportation providers. Palm Tran Connection has over 60,335 eligible riders in their database with 30,000 active riders. This number includes TD and ADA riders as some riders qualify for more than one program, the one-way fare is \$3.50. Service operates seven days a week with an average of 4,000 scheduled weekday passenger trips on approximately 200 routes per day.

### CURRENT AND FUTURE PLANNING EFFORTS

Every five years, Palm Tran updates its Transit Development Plan (TDP), which is the 10-year strategic planning document for the agency. The TDP is an assessment of where we are, where we want to go, and how we can get there. The TDP presents our vision, mission,

agency goals and objectives as well as a detailed capital and operations budget and a projected financial plan. Categorized strategies and actions presented to guide the organization throughout the next ten years. The current TDP is being prepared now with a target completion date for December 2016.

Some of the major recommendation of the TDP include:

- Increase ridership by providing greater mobility choices, accessibility, safety and on-time performance.
- Improving the core public fixed-route services by increasing frequency, directness, span of services and connectivity.
- Greater east-west service.
- Pursue innovative service approaches.



- Review paratransit eligibility criteria.
- Install more bus shelters.
- Continued collaboration and service coordination with new service providers in the region such as Brightline/All Aboard Florida Rail Service.

### REPORT HIGHLIGHTS

- Palm Tran provides more than 10.7 million passenger trips a year.
- All Palm Tran's buses are equipped with Automated Vehicle Location (AVL) systems to provide real-time bus schedule information to passengers.
- Passengers can also access real-time information at bus stops using the On Demand iGo! text feature.
- Palm Tran Connection has over 60,335 eligible customers in their database.
- Palm Tran Connection averages over 4,000 scheduled trips each weekday.
- From October 2014 to September 2015, Palm Tran has issued 77,155 discounted passes to partnering agencies and average 250 discounted bus pass clients a day. These are all people who are at or below the poverty level.

Palm Tran's Executive Director, Clinton B. Forbes, is taking a comprehensive look at the

fixed-route system. He will lead an operational assessment to evaluate routes, frequency, and coverage for Palm Beach County and compare the service to other transit agencies in order to make the system as efficient as possible in the future. A major priority for Palm Tran is the bus infrastructure, as it is of the upmost importance to riders. Palm Tran has several shelters and benches that need replacing. Improving infrastructure, adding technological improvements such as Wi-Fi and mobile ticketing are all innovations Palm Tran will evaluate to enhance the customer experience in the next 5-10 years.

A major focus for the transit system is on new technology and innovations. Palm Tran has a free app called "myStop Mobile" that is available for both Android and iPhones. Riders can also use the website [www.palmtran.org/igo](http://www.palmtran.org/igo) to track buses on an interactive map, see how many people are on board, set up daily alerts, and much more. Additionally, the on-demand texting feature allows riders to know in real-time, based on GPS, when the next bus will be at their bus stop.

Palm Tran's 2016 buses will include USB ports for charging personal media devices. This is the first step towards having Wi-Fi fleet-wide.





## SCHOOL READINESS



### KEY INDICATOR

School Readiness, being socially, emotionally, cognitively and physically ready to learn upon entering kindergarten, is measured using the FLKERS.

### GOAL

Provide high-quality early learning services that result in demonstrated positive outcomes for children, as measured using the kindergarten readiness screening/FLKERS.



### CURRENT STATUS

From Fall 2006 through Fall 2008, FLKRS included a subset of the Early Childhood Observation System™ (ECHOS) and the first two measures of the Dynamic Indicators of Basic Early Literacy Skills™ (DIBELS) (letter naming fluency and initial sound fluency) for kindergarten.

Beginning with the 2009–10 school year, FLKRS continued to include a subset of ECHOS but replaced DIBELS with the Broad Screen and Broad Diagnostic Inventory, two measures from the Kindergarten Florida Assessment for Instruction in Reading (FAIR-K). The Broad Screen is comprised of a letter naming task and a phonemic awareness task. The Broad Diagnostic Inventory is comprised of a vocabulary task and a listening comprehension task.

At the direction of the Florida Legislature, the Office of Early Learning will not calculate or adopt a kindergarten readiness rate for the 2014–2015 or 2015–2016 academic years.

Partners are working together to identify the needs and support necessary to improve the quality of early care and education.

**“The period between birth and three years is a time of the most rapid cognitive, linguistic, social, emotional, and motor development. Between three and five years of age, there is an emergence of increasingly complex social behaviors, emotional capacities, problem-solving abilities, and pre-literacy skills that build on earlier developmental achievements and are essential building blocks for a successful life.”**

–Center on the Developing Child at Harvard University  
<http://www.developingchild.harvard.edu>



**REPORT HIGHLIGHTS**

- By age 2 to 3, the brain has grown to 80% of adult size and to 90% by age five, making it imperative that children have quality learning opportunities during these stages of development.
- Research indicates that children who attend quality preschools perform higher academically (e.g. graduate from high school), are less likely to

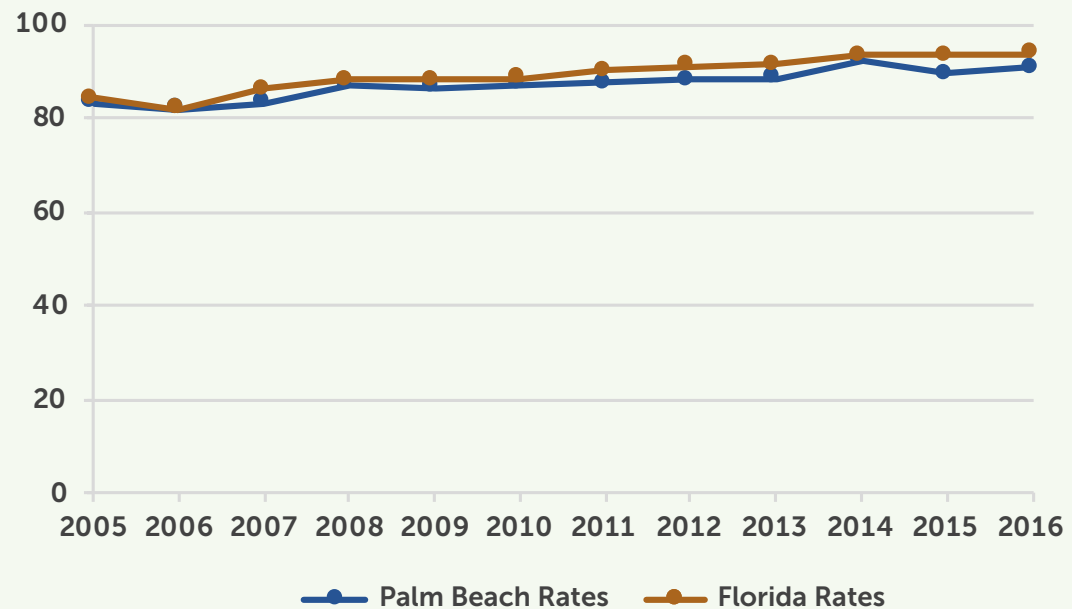
be negatively tracked by schools, retained, or need remedial and/or special education classes.

- By age three (3), children of professionals have vocabularies 50% larger than those of their peers in working-class families, and twice as large as those of children whose families receive public assistance.
- Investing in quality programs and services now not only affects children’s school success, but

also helps the community and economy. These children are less likely to need special education programs and will have higher education attainment levels. As adults, they are much more likely to become contributing members of society through employment, less likely to be welfare dependent, become teen parents or engage in crime and more likely to have fewer health problems.

**TABLE 21 & 22 | SCHOOL READINESS AT KINDERGARTEN ENTRY, SINGLE-YEAR RATES**

Year	Palm Beach Rate	Florida Rate
2016	90.7	93.7
2015	89.4	93.3
2014	92.4	93.2
2013	88.5	91.2
2012	88	91.1
2011	87.4	90
2010	87.2	88.5
2009	86.5	87.9
2008	87	88
2007	83	86
2006	82	82
2005	83	84







## SENIOR SERVICES



### KEY INDICATOR

The Key Indicator for Senior Services is the rate of non-institutionalized seniors receiving in-home and community-based services in comparison to the 60 years of age and older population.

### GOAL

To increase the number of seniors who are able to remain in a non-institutionalized setting by receiving in-home community-based services. *Note: For the purposes of this report, one part of the service delivery system will be used, Older American Act (OAA) services.*

### CURRENT STATUS

Access to in-home, supportive care for seniors aged 60 years and older is extremely limited. When a senior or caregiver reaches out for help, they are often placed on lengthy waiting lists for services where they languish for months, even years, with no help whatsoever. With no other option, many seniors find themselves having to leave their home and community to be institutionalized in a facility. Seniors and

“Florida can either pay a little now for home care or will pay a whole lot more for nursing home care—it’s that simple. We need to target our limited resources to provide home care to seniors who need help to remain in their homes for as long as possible.”

—Florida Council on Aging

their caregivers overwhelmingly prefer to live in community-based settings which are less costly alternatives to institutionalization, but when faced with waiting lists and no immediate assistance, their options are limited. For example, in 2008, 4,923 seniors on waiting lists for home and community-based services in the State of Florida entered nursing homes, many because they just could no longer wait for services. In 2008, it cost the State of Florida over \$100 million to care for these 4,293 seniors in institutional settings, whereas those same seniors, if in-home care had been available to them, could have stayed in the community for an estimated \$24 million, a savings of over \$75 million (from all funding sources). In the year 2016, 59,900 seniors were on waiting lists.

### The Return on Investment to Taxpayers

The total annual cost to serve 100% of the most at risk seniors (12,870 consumers) on DOEA Waiting list: \$100,114,550

The total annual cost to serve these same seniors in a nursing home (paid by Medicaid): \$833,589,900

The total potential cost-savings (comparing home care costs to nursing home care costs): \$733,475,350

Throughout the nation, there are seniors waiting for in-home care. In the last Indicator Report, with 2,790 seniors in Palm Beach County waiting for care and only 1.3% of the senior population of the County receiving services, Palm Beach County and its senior population was faced with a serious problem. In November 2015, 4,165 seniors in Palm Beach County were waiting for care and only 0.83% of the senior population of the County were receiving services (through Federal and General Revenue funded programs).

### Senior Statistics

#### 2009 Population: 60 and over

National:	55,382,513
Florida:	4,242,114
Palm Beach County:	349,338

#### 2013 Population: 60 and over

National:	63,634,751
Florida:	4,840,840
Palm Beach County:	380,200

Source: ACL Aging Integrated Database FY 2013 and Department of Elder Affairs County Profiles 2013.

### CURRENT AND FUTURE PLANNING EFFORTS

The problem is only going to continue to intensify as our aging population grows. In

2000, approximately 605 million people were 60 years of age or older. By 2050, it is estimated that that number will be close to 2 billion. At that time, seniors will outnumber children under 14 for the first time in history. Palm Beach County is of particular significance because, in 2008, 27% of its population was

60 years of age and older. In 2015, 29.1% of the PBC population was 60 years of age or older. As the population ages, that percentage will only increase, and the demands of the system of care will only become greater.

Palm Beach County is one of the top two counties with the highest elderly 65+ population in the state. As the aging population grows, Palm Beach County must be prepared to deal with and support its senior population. Access to home and community-based supportive services is essential to ensuring that Palm Beach County's

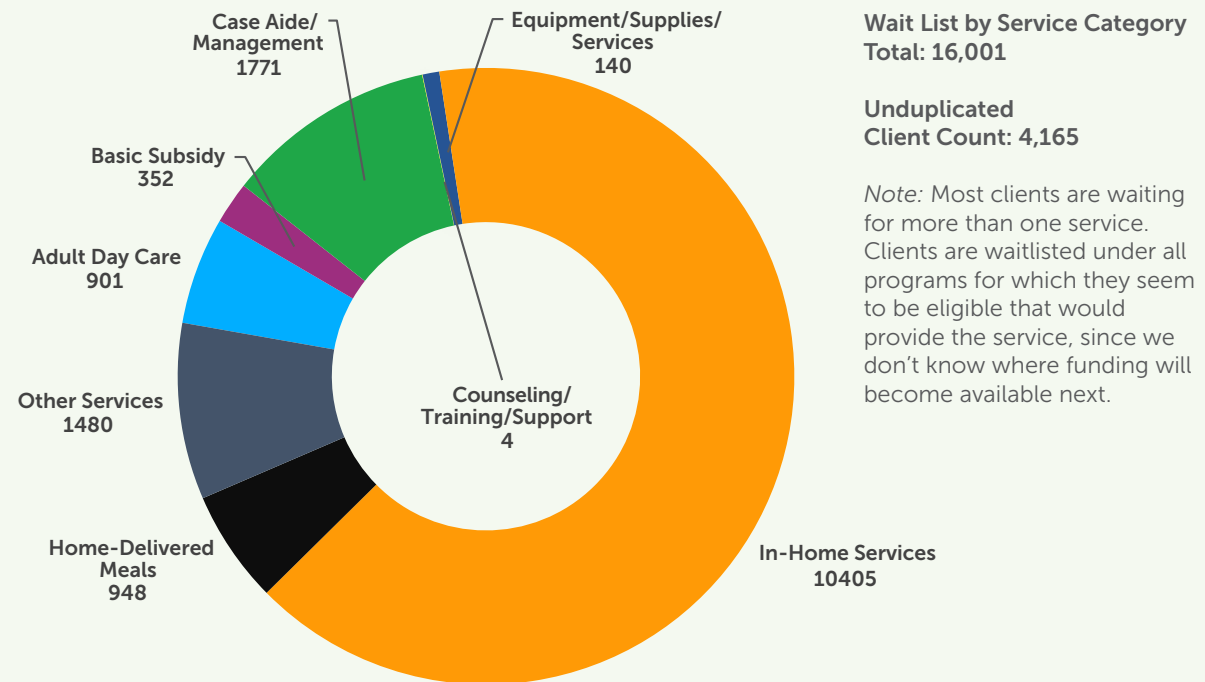
**YOUR AGING AND DISABILITY RESOURCE CENTER WAIT LIST COMPARISON FOR PALM BEACH COUNTY**

Date	Unduplicated Client Count	Wait List/ County Population
Sept 2015	2,790	0.79%
Nov 2015	4,165 (49.28% increase from Sept 2015)	1.06%

The wait list is only a fraction of the need. They depend on persons' awareness of services and their willingness to be listed on a wait list once they find out that they may not be able to receive services immediately.



**CHART 9 | PRIORITY LIST BY SERVICE CATEGORY FOR PALM BEACH COUNTY AS OF END OF NOVEMBER 2015**



seniors are able to age in place, with dignity, in the least restrictive setting of their choice. Seniors and their caregivers prefer to live at home, in the community, and should not be forced out of their own homes and into institutions because they do not have access to appropriate, cost-effective care. The local Aging Services Network is poised and ready to provide the care that is needed. With a proven track record of quality and efficiency, service providers are more than capable of meeting the needs and serving the senior of Palm Beach County.

The only “access” problem is the limited funding for the care that is needed. The system of care needs to be funded at a level that allows seniors and their caregivers to choose home and community-based care over institutionalization. There must be increased funding for the less-costly home and community-based services, caregivers want to remain in the community and adequately funding the current system of care will allow them to do so.

**In-Home Services** provide assistance to frail seniors in order for them to live independently in their own homes. Services include:

- Personal Care
- Homemaker
- Respite

- Emergency Alert Response
- Case Management
- Case Aide
- Chore
- Home-Delivered Meals
- Companionship

**Community-Based Services** provide a variety of services to maintain and enhance senior’s quality of life within the community. Services include:

- Transportation
- Congregate Meals
- Counseling

**TABLE 23 | GROWTH BY AGE GROUP, 2000–2030**

### Florida’s Growth

	2014	2020	2030
Age 60–84	4,340,086	5,310,053	6,531,806
Age 85+	499,987	598,876	835,999

### Palm Beach County’s Growth

	2014	2020	2030
Age 60–84	336,806	399,246	478,618
Age 85+	55,491	64,276	80,674

Source: Prepared by Your Aging and Disability Resource Center from “Population Projections by Age, Sex, Race, and Hispanic Origin for Florida and Its Counties, 2015–2040, with Estimates for 2014” from the Bureau of Economic and Business Research.

- Nutrition Education and Referral
- Legal Assistance
- Outreach
- Emergency Home Energy Assistance
- Adult Day Care
- Senior Employment
- Caregiver Support Groups
- Volunteer Opportunities
- Healthy Living (Wellness Programs)

## REPORT HIGHLIGHTS

- In 2014, persons reaching age 65 have an average life expectancy of an additional 19.3 years. In 2010 the life expectancy was an additional 18.6 years.
- About 29% (13.3 million) of non-institutionalized older persons lived alone in 2015. In 2010, 31% (11.2 million) lived alone.
- Population 65 and over will increase from 35 million in 2000 to 40 million in 2010 (a 15% increase) and then to 55 million (a 36% increase for that decade) in 2020.
- About 4.5 million elderly persons (10%) were below the poverty level in 2014. In 2008, 3.7 million (9.7%) were below the poverty level.
- More than one (1) in every seven (7) individuals within the population is an older American. In 2010, one (1) in every eight (8) individuals within the population was an older American.

- The population age 65 years or older numbered 46.2 million in 2014 (the most recent year for which data are available). They represented 14.5% of the U.S. population, about one in every seven Americans. The number of older Americans increased by 10 million or 28% since 2004, compared to an increase of 6.2% for the under-65 population.

*Sources: U.S. Bureau of the Census, National Center on Health Statistics, & Bureau of Labor Statistics. Profile incorporates the latest data available but not all items are updated on an annual basis. Florida Census Day Population 1970–2020. Office of Economic & Demographic Research, Florida Legislature. “2006 Population by Age Group.” Office of Planning & Evaluation (source: DOEA).*







## SPECIAL NEEDS/DEVELOPMENTAL DISABILITIES



### KEY INDICATOR

Percentage of Palm Beach County residents with Developmental Disabilities identified as being at risk of institutionalization currently waiting for essential services.

### GOAL

Reduce the percentage of Palm Beach County residents with developmental disabilities identified as being at risk of institutionalization currently waiting for services to less than 5%.

## SPECIAL NEEDS/DEVELOPMENTAL DISABILITIES

### CURRENT STATUS

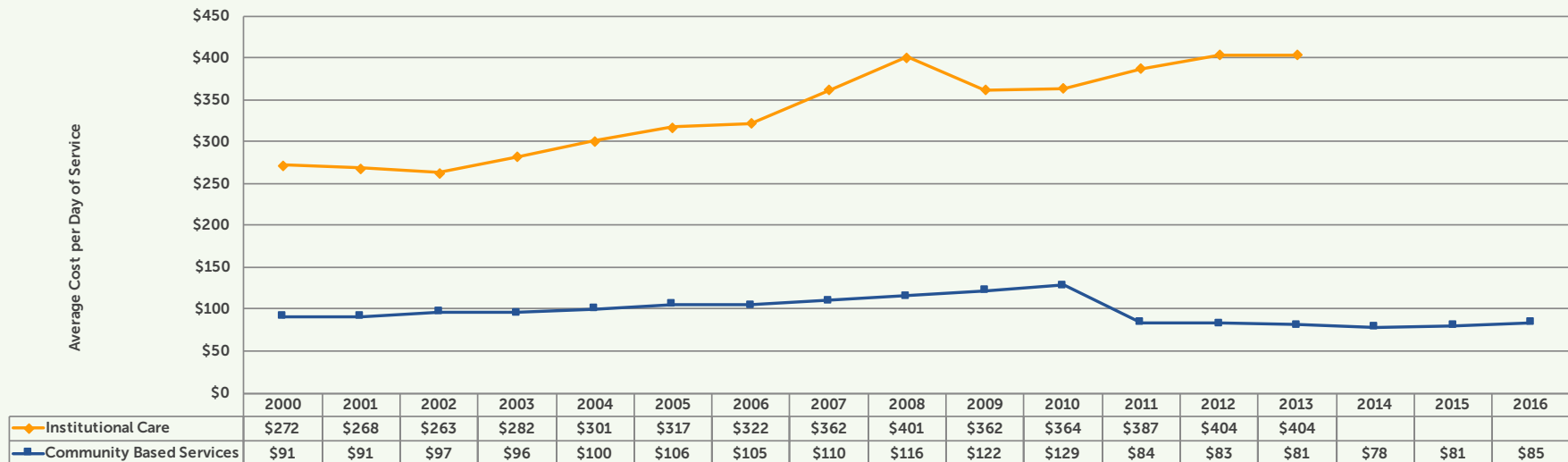
There is no “cure” for developmental disabilities. Individuals with developmental disabilities need services throughout their lives to support maximum independence, productivity and participation in the community. Home and community-based services are more effective and three times more cost efficient than institutional settings in providing the essential supports for persons with developmental disabilities (Table #27).

Without these supports, people with developmental disabilities are among the most vulnerable citizens in terms of risk for hunger, homelessness and unemployment. Twenty-nine percent (29%) live at or below the poverty level according to 2014 statistics. Their unemployment rate in Florida is 80% as compared to 6% for individuals without disabilities. They are also 60% at greater risk for abuse and neglect and 150% more likely to be victims of crime. Statistics are difficult

to track as less than 3% of incidents of abuse, neglect, and crimes are reported to authorities.

By national prevalence, approximately two percent (2%) of Palm Beach County’s 1,422,789 residents live with a developmental disability. Extrapolating, this means that approximately 28,456 residents fall into this services category. Those who have the greatest need for support are at greatest risk of institutionalization and are residents who qualify for Med Waiver services. 45% of those who qualify for Med

**TABLE 27 | DAILY RATE TO PROVIDE SERVICE IN FLORIDA**



Waiver services in Palm Beach County are on a waiting list. In the last two years, that wait list has extended from an average of 8–10 years to an indefinite period of time (Table #24).

**General Information**

- Home and community-based services is the preferred alternative to long-term institutional care.

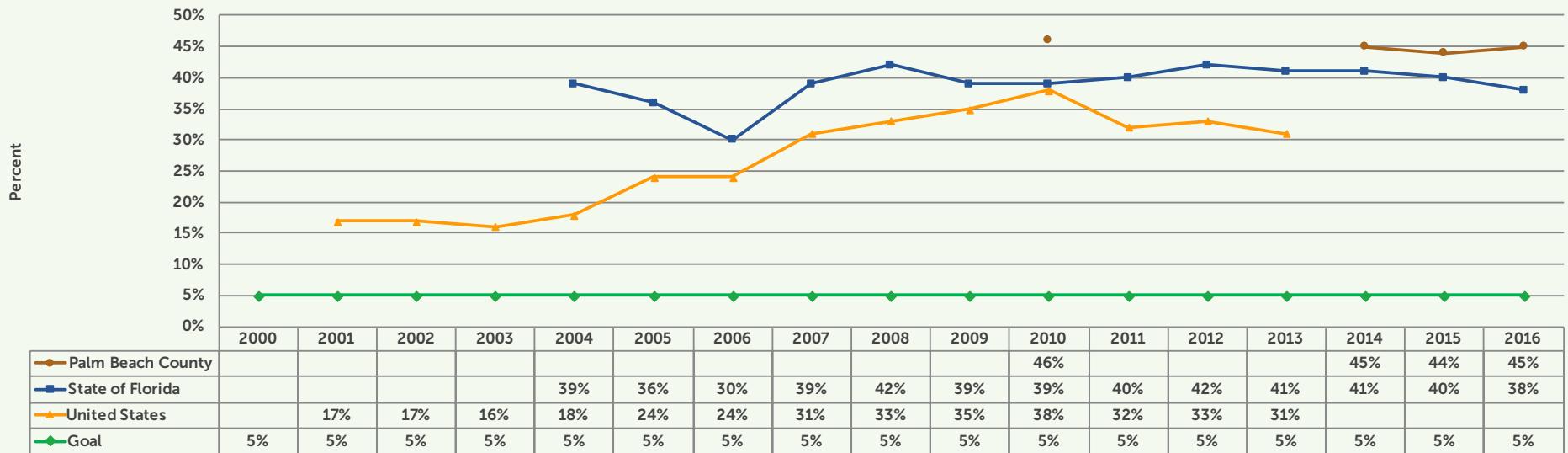
- It benefits the individual who becomes a contributing and productive member of their community.
- It benefits the state because home and community-based service costs less than institutional care.
- Current funding provided by the Medicaid Waiver does not cover all service provision costs.

- Individuals on the Med-Waiver waiting list must be served while maintaining the level and quality of services to current recipients.

**GOALS OF HOME AND COMMUNITY-BASED SERVICES**

- To sustain individuals in their home communities
- To ensure that quality services are delivered in the most effective and cost-efficient manner through a coordinated system; and

**TABLE 24 | INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES AT RISK OF INSTITUTIONALIZATION WAITING FOR SERVICES**



## SPECIAL NEEDS/DEVELOPMENTAL DISABILITIES

- To efficiently utilize services to prevent people with Developmental Disabilities from entering institutional and restrictive programs

### Why the Med Waiver Isn't Enough

Provision of current essential services depends upon a partnership among federal, state, county and other local funders. Positively impacting the target objective will depend upon similar partnerships.

Med Waiver services alone for people in Palm Beach County who have developmental disabilities have limited impact.

- Current Medicaid Waiver funding levels cover less than half of the cost to provide essential support services to individuals with developmental disabilities.
- 1,934 residents of Palm Beach County are receiving services through Med Waiver (summer, 2016).
- There is a large waiting list of persons who have been qualified to receive Med Waiver services, but for whom there simply is no available funding—20,590 statewide, and 1,529 in Palm Beach County (April 2016).
- This waiting list is comprised of persons who have self-identified and taken the time to apply; there is a large segment of the population with developmental disabilities who either are unaware of the program or who have been

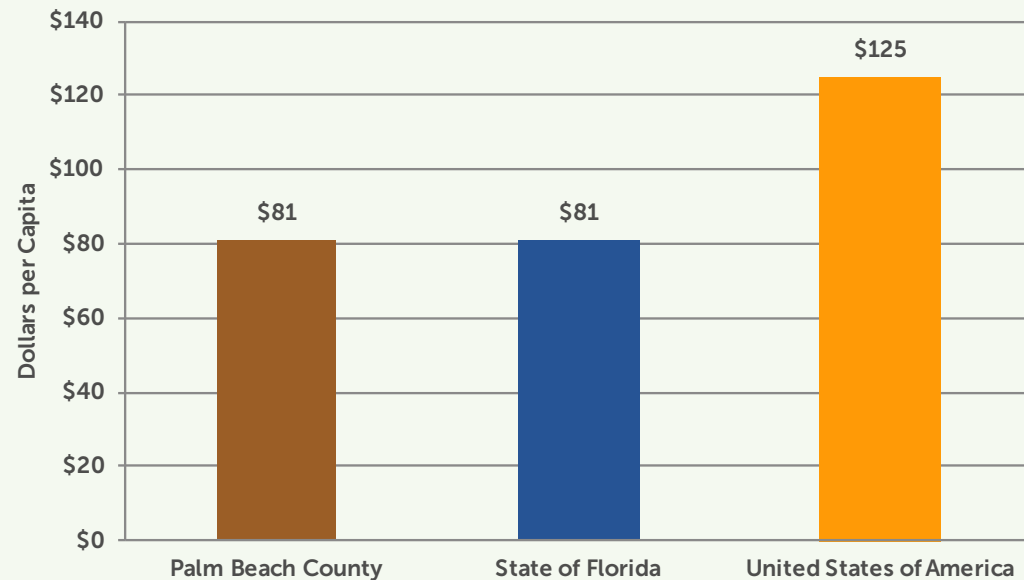
discouraged from applying by the frustrating reality of an indefinite wait to receive services.

### CONSIDERATIONS FOR PALM BEACH COUNTY

Reducing the wait list by reappropriating funds (reducing allocations per recipient) is not a viable option. Lowering the funding level of

services to those currently assisted would negatively impact effectiveness and quality, significantly increasing hunger, homelessness and unemployment in this most vulnerable population. Such a reduction in funding would burden an already tenuous community safety net for essential services and lead to institutionalization for persons previously able

**TABLE 26 | DEVELOPMENTAL DISABILITY SPENDING PER CAPITA (2013)**



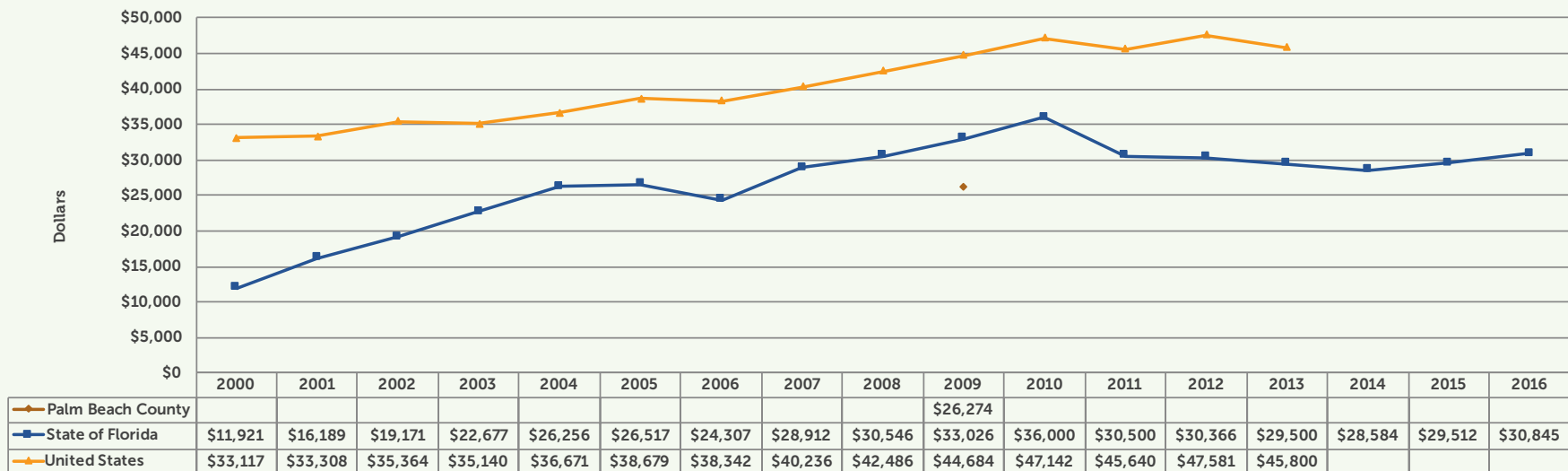
to be productive citizens. Palm Beach County is significantly below the rest of the State of Florida and the nation in spending per person on Med Waiver Services (Table #25).

Services for persons with developmental disabilities are in integral component of this community’s infrastructure, creating a supportive environment for economic growth and development. Failure to adequately support this infrastructure element deters corporate migration into the county. Provider agencies

receive frequent inquiries from companies or families considering moving to the county, asking about services available for personnel having a child with a disability. Palm Beach County (and Florida as a whole) does not compare well to other parts of the country, standing 50th among the 50 states and Washington, D.C., in per capita spending in support of person with developmental disabilities (Table #26).

Developmental disabilities span the entire lifespan of an individual. County funding at this time is targeted to the most needy of the adult population over 22 years of age with developmental disabilities, those on the Medicaid Waiver. People with developmental disabilities tend to show declines in health and abilities usually seen in old age in their middle years, so the level of services needed for this population usually increases over time. Recent studies by the national ARC estimates that the

**TABLE 25 | AVERAGE MEDICAID WAIVER EXPENDITURE PER PERSON PER YEAR**



## SPECIAL NEEDS/DEVELOPMENTAL DISABILITIES

rate of growth of individuals with disabilities over the age of 50 will increase by threefold over the next 20 years. These individuals will need additional supports beyond the means provided by the State Agency for Persons with Disabilities. Currently, there are not adequate services in place to address this burgeoning population. The ability to provide supports and services in their existing residents impacts all residents of Palm Beach County in that it precludes the unnecessary, expensive, and premature placement of these individuals in an assisted living program, nursing facility, or the Palm Beach County Home. Again, reductions in funding exacerbate the extreme risk this population faces as they age.

Infants and children with developmental disabilities in Palm Beach County receive limited support through the Children's Services Council/United Way and the School District. However, the comprehensive Special Needs Assessment, recently completed through a coalition led by Unicorn Foundation, recognized the Healthy Beginnings System funded by CSC as a model for how to provide services and a comprehensive way to provide screening, prevention and early intervention. Increasing numbers of youth with developmental disabilities are aging out of the school system without the availability of funds

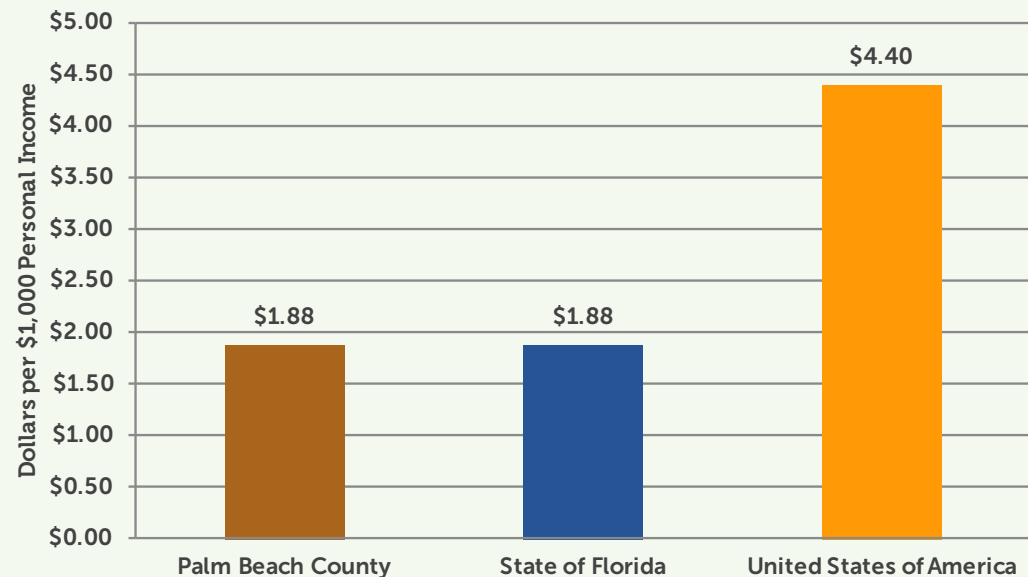
to support their transition to productive and independent adulthood.

### CURRENT AND FUTURE PLANNING EFFORTS

Estimates are that the incidence of developmental disability will possibly grow exponentially as the rapid increase in autism

seen in the last several years continues. Individuals with disabilities are living longer, and this is causing additional strain on family and community supports needed to address their increasing levels of need. The Palm Beach County Board of County Commissioners in partnership with provider agencies has incorporated into its own planning and has

**TABLE 28 | FISCAL EFFORT FOR DEVELOPMENTAL DISABILITY SERVICES (2013)**





invested significant tax dollars into this vulnerable population. The increasing challenge is that available resources for these services have been undergoing a consistent reduction at state and federal levels since the mid 1990's. The local resources dedicated to these services are essential to the stability of the community at this time.

The Interagency Council on Developmental Disabilities (ICDD) in Palm Beach County has been meeting for the past 30 years to discuss mutual concerns and collaborative opportunities, to initiate planning efforts on behalf of the developmentally disabled population, and to share resources. This collaboration allows for consistency in approach and maximizes the impact of those limited resources in the county. Palm Beach County is unusual in the level of inter-agency cooperation seen in the developmental disabilities community relative to other regions in Florida.

In an environment of diminishing resources and increasing need, FAA provider agencies in collaboration with the Board of County Commissioners and others in the community seek:

- To sustain, on an ongoing basis, the level and quality of services for those currently enrolled in FAA funded programs;

- To reduce the percentage of Palm Beach County residents with developmental disabilities identified as being at risk of institutionalization currently waiting for essential services to less than five percent (5%).

*The Comprehensive Analysis of Needs of Individuals with Special Needs in Palm Beach County* – A Business Plan publication is nearing completion and highlights additional current and future planning efforts.

**MAJOR DISPARITIES**

Developmental disabilities do not discriminate. All races, economic sectors, ethnic groups are impacted. Males are disproportionately represented—developmental disabilities are twice as common in males as in females, with an even greater disparity in cases of autism. Autism now affects one in 42 males, one in 68 births.

There is a major disparity in the Fiscal Effort provided to fund the supports and services

**TABLE 29 | PALM BEACH COUNTY SPECIAL NEEDS/DEVELOPMENTAL DISABILITIES COMPARISON STATISTICS**

	2010	2016
Living at or below the poverty line	32%	29%
Unemployment (Developmentally Disabled Population)	75%	80%
Unemployment (General Population)	12%	6%
Waitlist (Florida)	16,000+	20,590
Waitlist (Palm Beach County)	1,032	1,529
Per Capita Spending (Florida's Rank)	45th	50th



needed by individuals with Developmental Disabilities in the State of Florida. Florida spends less than one-third (29%) than the rest of the nation for individuals with Developmental Disabilities. For every \$1,000 in personal income, Florida spends \$1.88 to service this population as compared to \$4.40 in the rest of the nation. (Table #28)

---

**“Life is never made unbearable by circumstances, but only by lack of meaning and purpose.”**

–Viktor E. Frankl

---

Developmental disabilities do create disparities in terms of economic opportunity, affordable housing, risk of abuse or neglect and likelihood of hunger. There is no long-term, accurate census of the developmentally disabled population in Palm Beach County. There is no well-researched study focusing on the aging of person with developmental disabilities, on the incidence of immigration, on the changing face of disabilities (i.e., mental retardation vs. autism), although there is ample anecdotal

evidence of these areas. Palm Beach County is particularly impacted by the longevity of all its residents, including those with developmental disabilities, and this creates issues in terms of long-term care. Influx of non-English speaking populations also makes the provision of services more complex in terms of both language and culture.

### REPORT HIGHLIGHTS

- 80% of families with children who have disabilities end in divorce
- 90% of individuals with disabilities have been physically or sexually abused
- 80% of individuals with developmental disabilities over 50 have only one living family member who is able to provide support
- 75% of individuals with developmental disabilities want to work
- The largest minority group in the United States is people with disabilities (56 million).



## SUBSTANCE ABUSE



### KEY INDICATOR

The Key Indicator for Substance Abuse is the number of deaths and injuries reported by Law Enforcement Agencies.

### GOAL

To reduce deaths and injuries caused by alcohol- and drug-related motor vehicle crashes.

### CURRENT STATUS

Substance abuse is a problem that involves communities as much as it does individuals and their friends and family members. Although it does not discriminate along sociodemographic or socioeconomic lines, it does disproportionately affect the most vulnerable of our community; our **youth**. Research consistently indicates that approximately 80% of child abuse, neglect, and/or maltreatment cases were affected by substance use. Equally alarming is that 8.3 million youth in the United States are living with at least one substance-dependent parent. While many of

these youth may not experience abuse/neglect, they are at increased risk for maltreatment and becoming dependent on drugs and/or alcohol as they age. Therefore, not only is it important for the parent(s) to get the treatment they need to effectively provide for the physical safety and emotional wellbeing of their children, it is critical that the children receive emotional support, treatment when appropriate, and substance use prevention education so that they can flourish and become healthy, contributing members of our community.

Further exacerbating the impact of substance abuse on our communities youth is the unprecedented **heroin epidemic** plaguing Palm Beach County. In 2015, Palm Beach County ranked first in the State of Florida for heroin deaths with 165—a 323% increase from 2014. Across the State of Florida, deaths caused by heroin increased by 79.7% when compared with 2014 data. Fentanyl caused 103 deaths in 2015—a increase of 118% from the previous year, while across the State of Florida, deaths caused by fentanyl increased by 77.6% when compared with 2014. The current data from the Palm Beach County Medical Examiner's office indicates that these numbers are increasing at a rampant rate. Since January 2016, there have been 460 deaths in Palm Beach County due to

heroin and fentanyl overdoses—a 171% increase from 2015.

In addition to the startling problems identified above, Palm Beach County has also seen a 58% increase in the number of **traffic fatalities** where alcohol was suspected between 2014 and 2015. This compares to the State increase of seven percent. Therefore, despite the heroic efforts of dedicated governmental and non-profit organizations that educate our Florida citizens regarding the dangers of drinking and driving, there is still work to be done.

Community impacts of substance abuse include:

- Increase in **criminal acts** ranging from driving under the influence, domestic violence, burglaries, prostitution, and rape to the illegal manufacturing and distribution of drugs.
- Workforce issues ranging from lost productivity, absenteeism, injuries, fatalities, theft and low employee morale, to an increase in health care, legal liabilities and workers' compensation costs.
- Increase in the number of **homeless individuals and families** who often resort to aggressive panhandling and petit theft to feed their habit.
- Increased stress on the **education system**, ranging from the cognitive, behavioral, and emotional ramifications of being born to a substance-abusing parent, to increased truancy and chronic absenteeism.



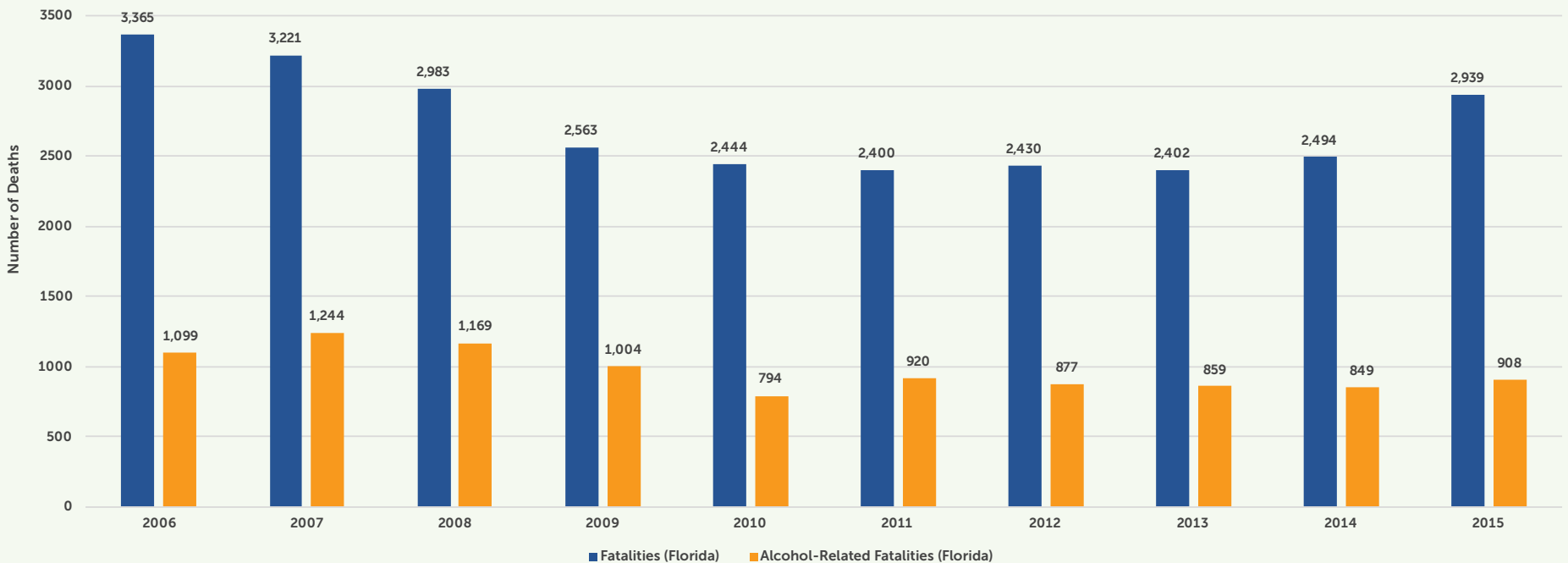
**THE FACTS**

- Among high school students, 16.4% reported riding in a vehicle driven by someone who had been drinking alcohol. Riding in a vehicle driven by someone who had been using marijuana was even more prevalent, at 22.7%.

- Among high school students, 5.4% and 10.3% reported driving when they had been drinking alcohol or using marijuana, respectively.
- Alcohol continues to be the most commonly used drug among Florida students, with 39.1% reporting lifetime use and 18.3% reporting past-30-day use.

- In 2015, 80% of all adolescent addiction treatment primary admissions were for marijuana.
- Almost 16% of high school students reported one or more occasions of blacking out after drinking alcohol.

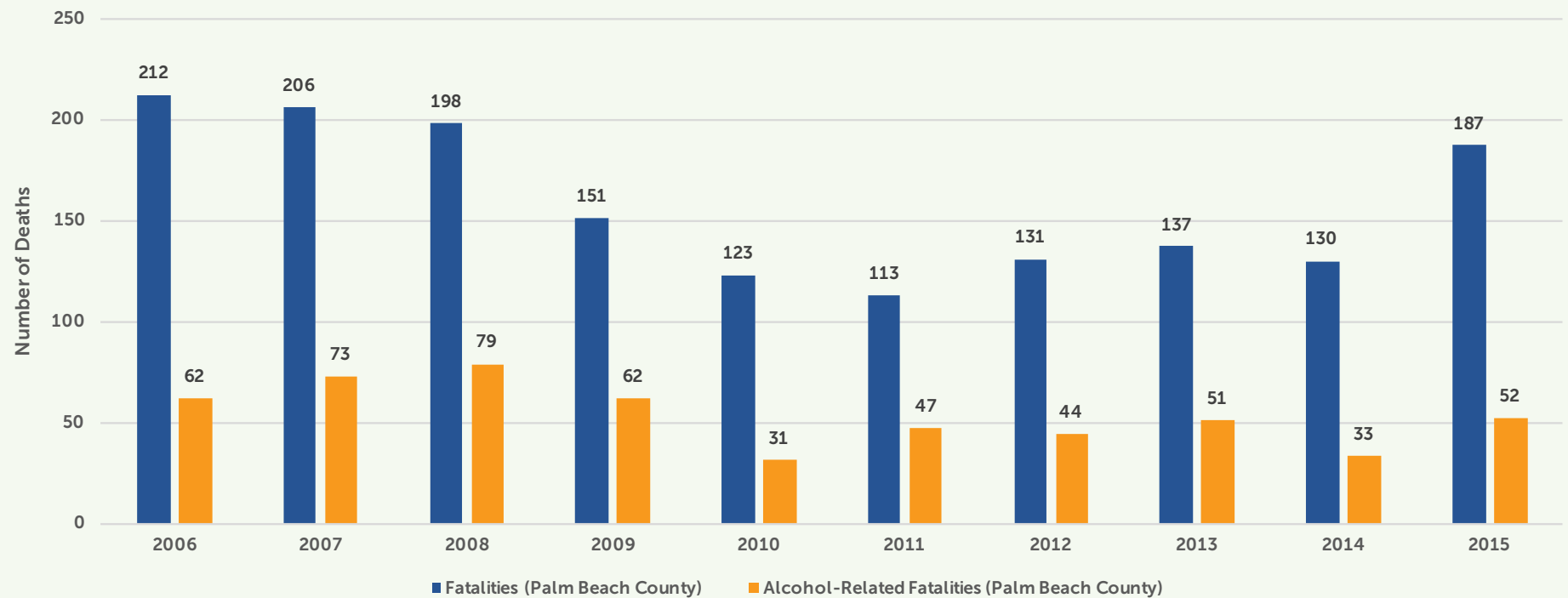
**TABLE 30 | FLORIDA: TRAFFIC DEATH STATISTICS**



## SUBSTANCE ABUSE

- After alcohol, students reported marijuana (21.3% lifetime and 11.2% past-30-day) as the most commonly used drug.
- About one in 10 (10.9%) Florida high school students reported one or more occasions of binge drinking (defined as the consumption of five or more drinks in a row) in the last two weeks. Among high school students who drank, 22% reported consuming five or more drinks per day on the days they drank.
- Prescription drugs accounted for 67.7% of all drug occurrences in Palm Beach County in 2015 when ethyl alcohol was excluded.
- More than half of Florida's heroin decedents in 2014 were below the age of 35, as were 69 percent of heroin addiction treatment clients.
- Palm Beach County Fire Rescue reported 420 naloxone admissions in 2015. During the first nine months of 2016, Palm Beach County Fire Rescue

**TABLE 31 | PALM BEACH COUNTY: TRAFFIC DEATH STATISTICS**



reported that number had increased to 996 admissions.

- BCC – **DUI** ratified a cooperative agreement with the U.S. Dept. of Justice, Office of Justice Programs for a grant of approximately \$580,000 to develop and institutionalize a multidisciplinary approach to responding to families of complex homicide cases involving DUI or impaired driving. No county matching funds are required.

**CURRENT AND FUTURE PLANNING EFFORTS**

Community stakeholders have responded aggressively to preventing and treating substance use in Palm Beach County.

Palm Beach County Financially Assisted Agencies monies totaling \$1,570,952 funded seven substance abuse treatment programs at the Drug Abuse Treatment Association, the Drug Abuse Foundation, the Jerome Golden Center for Behavioral Health, and Gratitude House in 2016. Collectively, this funding assisted in serving over 2,150 individuals in 15 full-time school-based intervention programs, adolescent and adult residential substance abuse treatment, and detox services.

Southeast Florida Behavioral Health Network (SEFBHN), the DCF Managing Entity for Palm Beach County, infused \$34,923,789 in behavioral

health services, serving nearly 18,000 individuals and families during fiscal year 2014–2015, and \$32,200,903 serving over 17,758 individuals during fiscal year 2015–2016.

The Palm Beach County Substance Awareness Coalition educated over 86,000 community members on substance use prevention during 2014–2015.

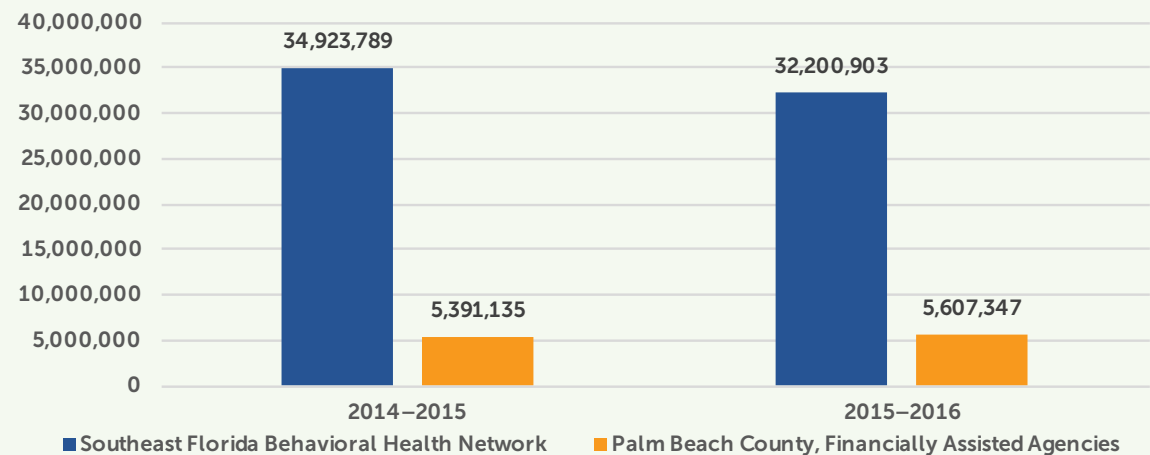
In December 2016, the Palm Beach County Heroin Task Force, a community-wide

collaboration of over 20 private and public entities, implemented a unified plan to reduce heroin overdoses, save lives and increase access to treatment services.

**FUNDING FOR SUBSTANCE ABUSE SERVICES**

Substance abuse prevention and treatment services in Palm Beach County are funded through a variety of sources, including federal, state, county, private insurance, fundraising

**TABLE 32 | BEHAVIORAL HEALTH FUNDING STREAMS**





efforts, and self-pay. The largest source of substance abuse funding for those individuals and families without private insurance is managed by Southeast Florida Behavioral Health Network, Inc., which is contracted by the Department of Children and Families. Palm Beach County government also provides significant financial resources to behavioral health programs through the Financially Assisted Agencies program.

### MAJOR DISPARITIES

An analysis of the current behavioral health services available in Palm Beach County reveals a gaping insufficiency in publicly funded substance abuse services for the indigent population. While there is a total of 25 Residential Detox Programs in Palm Beach County, for example, only two of these are publicly funded for a total of 20 adult beds and 3 children's beds. Due to a limited number of publicly-funded residential beds available, there continues to be a lengthy waitlist for indigent beds.

Substance use prevention dollars, specifically for educating our communities' youth and teaching them the skills necessary to respond to peer pressure, are also limited. Currently, county dollars through the Financially Assisted Agencies program only fund substance abuse treatment services.



## YOUTH VIOLENCE/DIVERSION PROGRAMS



### KEY INDICATOR

The Key Indicator for Youth Violence and Diversion is the rate/number of juveniles arrested for a violent crime.

### GOAL

Reduce the Youth Violence rate in Palm Beach County to that at or below comparable Florida counties and reduce the disparities in the rates of youth violence between subgroups.

### CURRENT STATUS

Violence impacts people of all ages; however, violence disproportionately affects youth and is the second leading cause of death for young people between the ages of 10 and 24. While the overall declining juvenile arrest trends (including violent offenses) are good news, we must not become complacent. According to local juvenile justice advocates, youth violence prevention programs, such as those existing in Palm Beach County (PBC), are largely responsible for the decrease. Local programs and suppression efforts confront the violence that has become a part of a lifestyle that includes drugs, firearms and risky behaviors. In order to continue success and further decrease juvenile crime, it is incumbent that we strengthen prevention and early intervention efforts. The Department of Juvenile Justice (DJJ) is largely responsible for youth once they enter the juvenile justice system or commit a delinquent act. Services are inclusive of prevention, probation, detention and residential services. <http://www.djj.state.fl.us/>

Today, PBC has a variety of diversion opportunities for youth involved at nearly all stages of the criminal justice system. Diversion opportunities exist in the form of First Time Offender services through local law enforcement municipalities and the School District of Palm Beach County.

Other diversions services and programming are sanctioned through the Office of the State Attorney for misdemeanors, domestic violence and non-violent felonies. Some of the diversion programs include: JDAP, Youth Court, Juvenile First Offender Programs, and Family Violence Intervention Program (FVIP). Other mechanisms for prevention include the use of Youth Empowerment Centers and targeted Community Based Agencies to work with youth after school providing pro-social activities and educational support.

**The window of opportunity for effective interventions opens early and rarely, if ever, closes."**

—Former Surgeon General  
David Satcher

On January 5, 2015, the Palm Beach County Youth Services Department (YSD) opened. Youth Violence prevention programs previously funded through the Financially Assisted Agency

(FAA) program, Youth Empowerment Centers (YEC) and Criminal Justice Commission (CYC) have been transferred to the Youth Services Department. The Youth Violence Prevention Project was one of the existing programs that were transferred to the Youth Services Department to ensure successful outcomes with existing programs and develop new programs as appropriate.

Previous reporting mechanisms within this indicator appear unclear and cannot be replicated by the Youth Services Department in the previous format. However, through data sharing through the Birth to 22-Youth Master Plan process, the Youth Services Department received data from the Department of Juvenile Justice reflecting arrest numbers for 2011–2015. This data is disaggregated by age, gender and race and is reflected in Youth Master Plan (YMP) to increase pro-social behaviors. It is important to note that where previously overall arrests and violent crimes were being addressed, it is important to drill further and look at disparities within the population. While the rates of youth arrests have decreased over the five years, the disparities in arrest rates between Black and White youth have increased.

The Youth Services Department (YSD) cannot provide data in the format that was in the 2010

Indicator Report. However, pursuant to the Youth Master Plan (YMP), youth arrest rates were gathered as Prosocial Behaviors by age, gender and ethnicity. While the rates of youth arrests have decreased over the five years, the disparities in arrest rates between Black and White youth have increased (source: Chart #10: (Behavioral Prosocially - Number and Percent of Circuit 15 Youth Arrests by Age Group); Chart #11: (Behavioral Prosocially - Number and Percent of Circuit 15 Youth Arrests by Race), Chart #12: (Behavioral Prosocially -Number and Percent of Circuit 15 Youth Rates by Gender).

**CURRENT AND FUTURE PLANNING EFFORTS**

Because of the multiple factors that contribute to the development of violence, a comprehensive preventative approach is needed. Youth violence prevention also requires collaboration among justice, public safety, education, public health, and human service agencies with the support of community leaders, businesses and faith-based organizations.

A primary, universal anti-violence program is the first step to confronting the problems of youth violence. Primary prevention is universal, intended to prevent the onset of violence and related risk factors and is lacking in PBC.

To realize further reduction in youth violence, we must fully fund and support violence prevention programs and services that address outcomes and performance measures that result in (1) preventing youth violence and/or delinquency behaviors with the ultimate goal of

**“Investing in our youth today will prevent crime and violence late in life and encourage them to become productive adults of tomorrow.”**

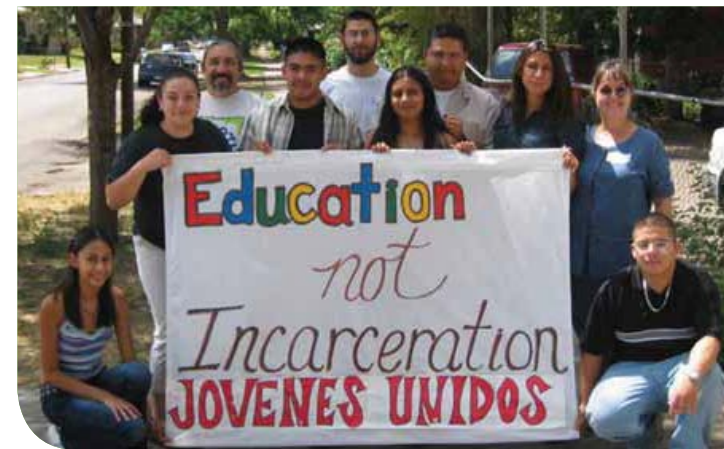
–Law Enforcement Workgroup of the Youth Violence Prevention Project

stopping youth violence before it starts by targeting youth who are at enhanced risk for violence or (2) changing the life-trajectory for those youth who have already demonstrated violent or seriously delinquent behaviors by providing comprehensive, multi-component, tertiary interventions addressing a constellation of risk factors. Parent and family-based programs, social development and mentoring

programs addressing both individual risk factors and environmental conditions have proven to be effective.

The Youth Services Department is collaborating with other youth-serving organizations in a collective impact effort called **Birth to 22 – United for Brighter Futures**. In the Fall of 2016, a Youth Master Plan was developed, titled **“Strengthening the Steps to Success.”** The report is available at <http://pbcbirthto22.com>. Youth violence will be addressed by the Safety and Justice Action team.

The Youth Services Department is also implementing a trauma-informed approach in the delivery of its direct services through its Residential Treatment and Family Counseling



## YOUTH VIOLENCE/DIVERSION PROGRAMS

Division. It is essential that youth are viewed through a trauma-informed lens with an understanding of what has happened to the youth in their early years. The Youth Services Department has also obtained a training grant from the Robert F. Kennedy Childrens Corporation to address the needs of Dual-Status Youth. In addition, the Youth Services Department has established the **My Brothers Keeper Initiative** and is increasing mentoring programs that will address increased involvement in pro-social activities.

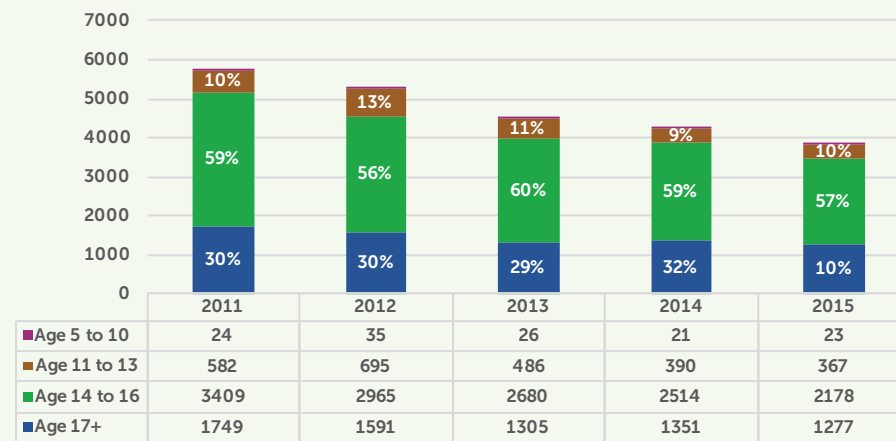
### MAJOR DISPARITIES

Youth of color are overrepresented at nearly every point of contact with the juvenile justice system nationally and locally. Youth of color are more likely to be incarcerated and to serve more time than White youth, even when they are charged with the same offense. In Palm Beach County, the arrest rate of Black youth was 2.49 times higher (149%) than the arrest rate of White youth in 2015 (Source: Chart #11: Behavioral Prosocially Number and Percent of Circuit 15 Youth Arrests by Race).

### REPORT HIGHLIGHTS

- Homicide is the second leading cause of death among 15–24 year olds overall.

**CHART 10 | NUMBER & PERCENT OF CIRCUIT 15 YOUTH ARRESTS BY AGE GROUP**



Note: Percentages are not displayed for Ages 5 to 10; they equal 1% or less of the arrests made across all years.  
*Florida Department of Juvenile Justice Interactive Delinquency Profile Report, 2016*

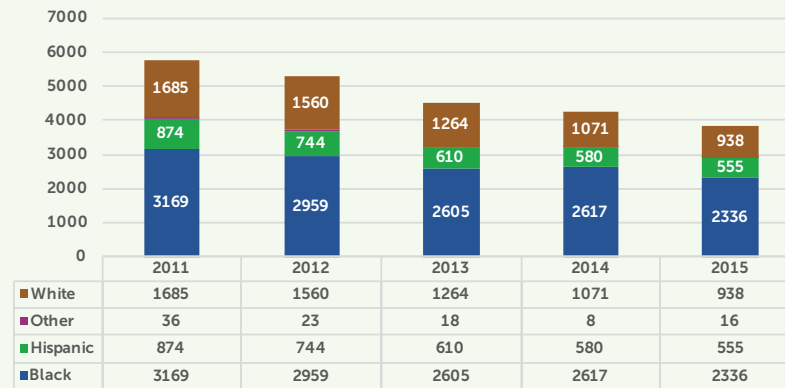


- The best predictor of antisocial adolescent behavior is early conduct problems.
- Youth violence has declined significantly nationwide since 1993 when the epidemic peaked.
- The epidemic of lethal youth violence that swept the US from 1983 to 1993 was fueled in large part by easy access to weapons, notably firearms.
- While delinquency referrals continue to decline in PBC, transfers to adult court continue to increase.

Sources: CDC, OJJDP, Surgeon General, DJJ



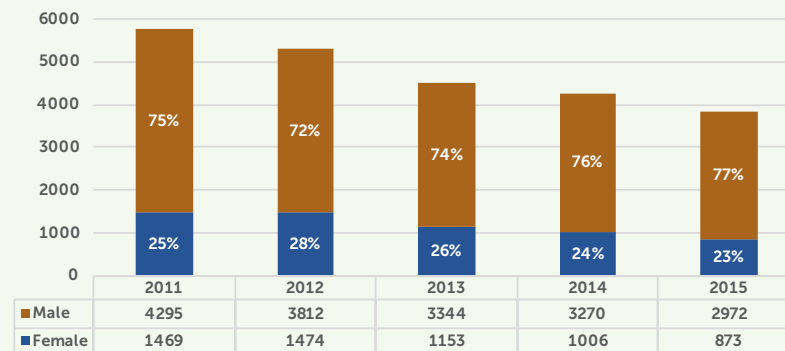
**CHART 11 | NUMBER & PERCENT OF CIRCUIT 15 YOUTH ARRESTS BY RACE**



Note: Percentages are not displayed for Other Race Categories; they equal 1% or less of the arrests made across all years.

Florida Department of Juvenile Justice Interactive Delinquency Profile Report, 2016

**CHART 12 | NUMBER & PERCENT OF CIRCUIT 15 YOUTH ARRESTS BY GENDER**



Florida Department of Juvenile Justice Interactive Delinquency Profile Report, 2016



## Definitions (by Service Category)

### ACCESS TO CARE

#### Source(s) of Goal and related Key Indicator

– this indicator is based on Health People 2020 objectives. For National and Goal data, “Healthy People 2020” data was used. “Health People 2020” is a comprehensive set of disease prevention and health promotion objectives for the Nation to achieve over the first decade of the current century. Created by scientists both inside and outside of government, it identifies a wide range of public health priorities and specific, measurable objectives. This indicator is proposed for retention as a Health People 2020 objective.

Source: <http://healthypeople.gov/>

The Health People 2020 Operational definition describes this indicator as “Number of persons who report that they have a usual primary care provider.” The Medical Expenditure Panel Survey (MEPS) determined that persons were considered to have a usual primary care provider if they responded “yes” to the following four questions:

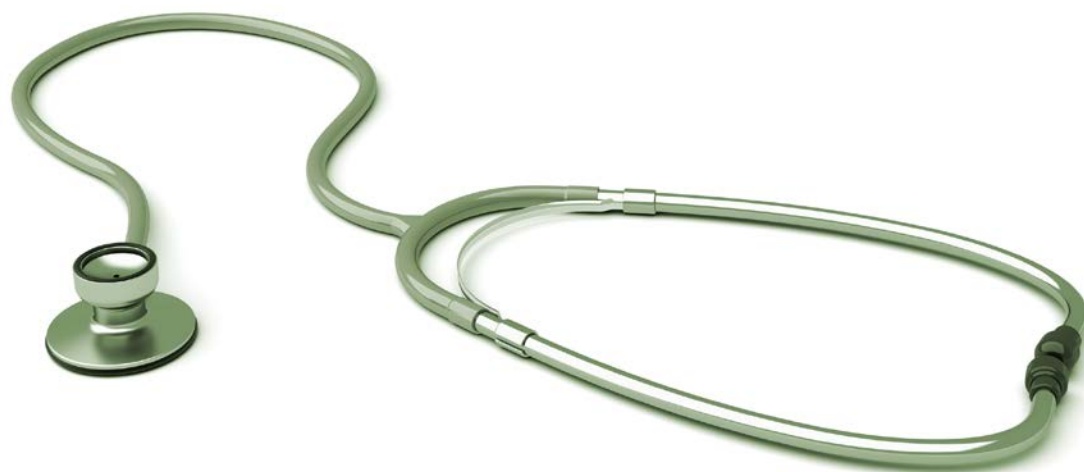
- Is there a particular doctor’s office, health center, or other place that (Person) usually goes if (person) is sick or needs advice about (person)’s health?
- Is (provider) the (person/place) they would go for new health problems?

- Is (provider) the (person/place) they would go for preventative health care, such as general check-ups, examinations, and immunizations?
- Is (provider) the (person/place) they would go for referrals to other health professional when needed?

Source: [ftp://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/Datasets/DATA2020/Focusarea01/Oo105.pdf](ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Datasets/DATA2020/Focusarea01/Oo105.pdf)

The data for Palm Beach County and the State of Florida comes from Florida CHARTS Behavioral Risk Factor Surveillance System (BRFSS) data. The survey was conducted among adults in Florida in 2002 and 2007. The BRFSS surveys will now be conducted every three years instead of every five years, resulting in more data points in the next few years. A BRFSS survey was conducted in 2010, with data released in 2011. The purpose of the survey is to obtain county-level estimates of the prevalence of personal health behaviors that contribute to morbidity and mortality. The BRFSS questionnaire include “Adults who have a personal doctor.”

<http://www.floridacharts.com/charts/brfss.aspx>





## Definitions (continued)

Note: Although the Healthy People 2020/MEPS survey list “person” and Florida CHARTS/BRFSS lists “adults,” we have consulted with experts at DOH and MEPS and have been assured that the two data sources are comparable.

### DOMESTIC ABUSE/SHELTERING

**Domestic violence** – means any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, or any criminal offense resulting in physical injury or death of one family or household member by another family or household member.

**Family of household member** – means spouses, former spouses, persons related by blood or marriage, persons who are presently residing together as if a family or who have resided together in the past as if a family, and person who are parents of a child in common regardless of whether they have been married. With the exception of person who have a child in common, the family or household members must be currently residing or have in the past resided together in the same single dwelling unit.

Source: *Online Sunshine – Statutes and Constitution – Title XLII, Domestic Relations*

### HEALTH CARE

**Years of Potential Life Lost** – Years of premature mortality that has been defined as the number of years of life lost among persons who die before a predetermined aged; the Florida Department of Health (FDOH) uses age 75, and calculates YPLL as a rate per 100,000 population under 75.

### HOMELESSNESS

**Affordable Housing** – Housing for which the occupant is paying no more than thirty percent (30%) of his or her income for gross housing costs, including utilities.

**Homelessness** – “homeless” or “homeless individuals or homeless person” includes:

- An individual who lacks a fixed, regular and adequate nighttime residence; and
- An individual who has primary nighttime residence that is:
  - A supervised publicly- or privately-operated shelter designed to provide temporary living

accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);

- An institution that provides a temporary residence for individuals intended to be institutionalized; or
- A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.





## Definitions (continued)

Source: U.S. Department of Housing and Urban Development (HUD)

**Low Income** – A household whose income does not exceed eighty percent (80%) of the median income for the area, with adjustments for smaller or larger families.

**Point-In-Time Survey** – A survey that is conducted in order to understand the number and characteristics of people sleeping in shelters and on the street, or in other places not meant for human habitation. HUD mandates that all Continuums of Care receiving federal funds conduct a Point-In-Time Survey at least every other year in a designated 24-hour period during the last seven days of January.

## HUNGER/FOOD SECURITY

In 2006, USDA introduced new language to describe ranges of severity of food insecurity. USDA made these changes in response to recommendations by an expert panel convened at USDA's request by the Committee on National Statistics (CNSTAT) of the National Academies. Even though new labels have been introduced, the methods used to assess households' food security have remained

unchanged, so statistics for 2005 and later years are directly comparable with those for earlier years for the corresponding categories.

## MATERNAL CHILD HEALTH



**Infant mortality** – the number of infant deaths (one year of age or younger) per 1,000 live births.

**Fetal death** – any death of a fetus after 20 weeks of gestation or 500 grams in weight.

**Low birthweight** – term used to describe an infant born weighing less than 5.5 lbs. or 2,500 grams.

**Very low birthweight** – description used for an infant born weighing less than 3.3 lbs. or 1,500 grams.

## MENTAL HEALTH

**Mental Health** – A state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to her or his community (Source: World Health Organization); [http://who.int/mental\\_health/en/](http://who.int/mental_health/en/)

A psychological state of well-being, characterized by continuing personal growth, a sense of purpose in life, self-acceptance, and positive relations with others. Some people



## Definitions (continued)

define mental health as the absence of mental illness, but many psychologists consider this definition too narrow (Source: *Encarta: Dictionary*).

### MISCELLANEOUS

**Economic Stability** – refers to an absence of excessive fluctuations in the macro-economy. An economy with fairly constant output growth and low stable inflation would be considered economically stable. An economy with frequent large recessions, a pronounced business cycle, very high or variable inflation, or frequent financial crises would be considered economically unstable. The United States is an example of an unstable economy.

**Income** – “Total income” is the sum of the amounts reported separately for wages, salary, commissions, bonuses, or tips; self-employment income from own non-farm or farm businesses, including proprietorships and partnership; interest, dividends, net rental income, royalty income, or income from estates and trusts; Social Security or Railroad Retirement income; Supplemental Security Income (SSI); any public assistance or welfare payments from the state of local welfare office; retirement, survivor, or

disability pensions; and any other sources of income received regularly such as Veterans’ (VA) payments, unemployment compensation, child support, or alimony.

**Poverty** – Following the Office of Management and Budget’s (OMB’s) Directive 14, the Census Bureau uses a set of money income thresholds that vary by family size and composition to detect who is poor. If the total income for a family or unrelated individual falls below the relevant poverty threshold, then the family or unrelated individual is classified as being “below the poverty level.”

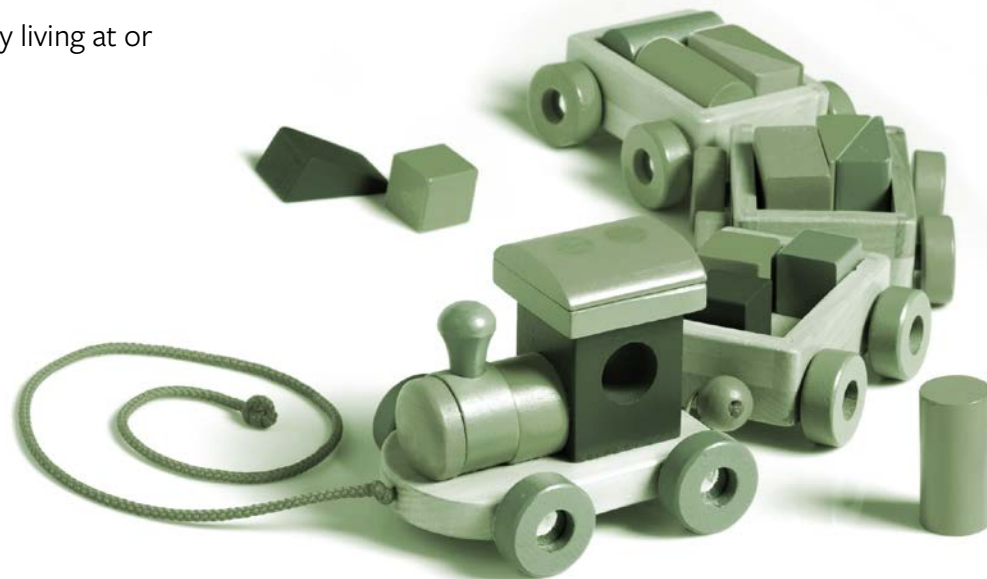
**Poverty rate** – any family living at or below poverty guidelines.

### SCHOOL READINESS

**School Readiness** – a child that is socially, emotionally, cognitively and physically eager and ready to learn upon kindergarten entry.

Skills include:

- Interact with others positively
- Pay attention
- Remember lessons taught
- Follow a teacher’s directions
- Finish task





## Definitions (continued)

- Practice independently what they have learned
- Learn to control their emotions
- Learn to be persistent even when learning seems tough

**Environment Rating Scales** – an internationally-renowned program assessment tool that is research-based, valid and reliable. The Scales were authored by Thelma Harms and Debby Cryer. The Early Childhood Environment Rating Scale, Revised Edition



(ECERS-R) provides an overall picture of the surroundings that have been created for the children and adults who share an early childhood setting. The ECERS consists of 43 items that assess the quality of the early childhood environment including use of space, materials and experiences to enhance children’s development, daily schedule, and supervision. This 43-item scale cover seven categories:

- Personal Care Routines
- Space and Furnishings
- Language-Reasoning
- Activities
- Interactions
- Program Structure
- Parent and Staff

Each item is ranked from 1 to 7. A ranking of 1 describes inadequate conditions while a ranking of 7 describes excellent conditions.

Since the ECERS covers the basic aspects of all early childhood facilities, it can be used in a number of ways by child care facilities, Head Start programs, parent cooperative preschools,

private preschool programs, playgroups, church-related preschools, and kindergarten programs. For instance, if used as a self-study/self-improvement guide, inadequate or minimal scores on the ECERS scale indicate areas for emphasis in training and learning. The ECERS can also be used as a pre- and post-test measure to assess the impact of training and continuing education.

**School Readiness Providers** – providers receiving subsidized funds to deliver the school readiness program. School readiness providers must offer programs that include:

- Research-based early learning activities and instruction
- Developmentally appropriate curriculum
- Literacy programs
- Character development programs
- Healthy and safe environments
- Appropriate staff-to-child ratios
- Personnel with required qualifications
- Family-friendly environment that support parent involvement opportunities



## Definitions (continued)

### SENIOR SERVICES

**Administration on Aging (AoA)** – the federal agency responsible for advancing the interests of seniors and their caregivers. AoA works with and through the Aging Services Network to promote the development of a coordinated system of in-home and community-based care that is responsive to the needs and preferences of seniors and their family caregivers.

**Older American Act (OAA)** – the federal program that provides a variety of in-home and community-based services, i.e., meals and caregiver programs, to enhance quality of life. While all seniors are eligible, services target seniors with the greatest economic and social need.

**Florida Department of Elder Affairs (DoEA)** – designated as the primary State agency on aging as defined in the federal Older Americans Act (OAA). The department is required to carry out the responsibilities detailed in the OAA, including organizing, coordinating and providing community-based services and opportunities for senior and their families. DoEA partners with area Agencies on Aging to provide localized care to seniors throughout the State.

**Your Aging and Disability Resource Center dba Area Agency on Aging of Palm Beach, Treasure Coast, Inc.** – the local nonprofit organizations serving the needs of seniors and their caregivers in Palm Beach County, by coordinating in-home-based and community-based services through a network of partnerships. Through Your Aging and Disability Resource Center, referral and access to economic and long-term care services for elders and their families are arranged.

**Lead Agency** – a designated local agency for seniors in Palm Beach County to administer funding programs, such as In-Home and Community-Based services, for the elderly by Your Aging and Disability Resource Center through a competitive bid process.

**Waitlist** – the information bank where seniors are ranked based on level of need and not on the date they applied to ensure elders with the greatest needs are served first.





## Definitions (continued)

### SPECIAL NEEDS/ DEVELOPMENTAL DISABILITIES

**Special Needs** – requirement made necessary by challenges: the requirements, especially in education, that some people have because of physical and mental challenges.

Source: Encarta; Dictionary; [https://www.merriam-webster.com/dictionary/special needs](https://www.merriam-webster.com/dictionary/special%20needs)



**Child with Special Health Care Needs (CSHCN)** – those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.

Source: U.S. Department of Health and Human Services; Health Resources and Services Administration; Prevalence of CSHCN; <https://mchb.hrsa.gov/chscn/pages/prevalence.htm>

**Essential Services** – essential services are the primary core services which are provided that allow an individual to remain safe and successfully live in a community-based setting rather than a more restrictive institutional setting.

Source: State of Florida Division of Administrative Hearings Case Number 08-5906APD (Core Service)

<http://apdcares.org/publications/legal/agency-final-orders/docs/08-6248-RO.pdf>

**People with Special Health Care Needs**— people typically characterized along three (3) distinct dimensions:

- **Service Need:** People who require health and related services of a type or amount beyond that required by people in general;
- **Functional Impact:** People who experience current impairment of functioning and/or quality of life (e.g., mobility, sensory, intellectual limitations); and
- **Presence and Duration of Condition:** People who report an ongoing physical, mental or developmental condition lasting or expected to last at least 3–12 months.

These conditions may or may not be currently active or have a formal diagnosis. To qualify as a special health care need, most definitions require that the condition have an ongoing functioning or service-use impact.

Source: USA.gov; Quality Interagency Coordination (Quik); Task Force; Quality Information for People with Special Health Care Needs; Who are People With Special Health Care Needs?; <https://archive.ahrq.gov/quic/consumer/conference/bethell1.htm#Needs>



## Definitions (continued)

**Medicaid Waiver** – under Section 1915(c) of the Social Security Act, Medicaid law authorizes the Secretary of the U.S. Department of Health and Human Services to waive certain Medicaid statutory requirements. Home- and community-based waivers 1915(c)–referred to colloquially as MedWaiver—are tools used to provide long-term care to individuals with developmental disabilities as an alternative to institutional care. MedWaiver services include such supports as adult day training, transportation, supported employment coaching, supported independent living, and group homes, as well as behavioral, occupational, physical and speech/language therapies.

**Developmental Disabilities** - severe, life-long disabilities attributable to mental and/or physical impairments which manifest themselves before the age of 22 years and are likely to continue indefinitely. They result in substantial limitations in three or more of the following areas: Self care; comprehension and language; skill receptive and expressive language; learning mobility; self direction; capacity for independent living; economic self-sufficiency; ability to function independently with coordinated services.

*Source: U.S. Department of Health and Human Services; Administration for Children and Families; Administration on Developmental Disabilities (ADD); [https://www.fddc.org/federal\\_law](https://www.fddc.org/federal_law)*

In Florida, “Developmental Disabilities” is a broad term that refers to a variety of conditions that interfere with a person’s ability to function in everyday activities; specifically, Florida statutes define developmental disabilities as autism, cerebral palsy, intellectual disabilities, Prader-Willi Syndrome, and spina bifida.

*Source: Florida Statutes Chapter 393*

## SUBSTANCE ABUSE

**Substance Abuse** – a maladaptive pattern of substance use, leading to clinically significant impairment or distress as manifested by at least three of the following over a twelve (12) month period: increased tolerance; withdrawal; increased consumption; a persistent desire or unsuccessful effort to control or cut down; preoccupation with acquiring substance; reduction in social, occupational or recreational activities; and continued use despite physical and mental effects.

**Substance dependence** – more serious than substance abuse. This maladaptive pattern of substance use includes such features as increased tolerance for the substance, resulting in the need for ever-greater amounts of the substance to achieve the intended effect; obsession with securing the substance and with its use; or persistence in using the substance in the face of serious physical or mental health problems. Substance dependence and addiction have come to mean the same thing.







## Definitions (continued)

**Alcohol-related traffic crash** – crash involving a driver and/or pedestrian for whom alcohol use was reported (does not presume intoxication).

**Fatal traffic crash** – a traffic crash that results in one or more fatalities within 30 days of occurrence.

**Injury** – hurt, damage, or loss sustained by a person as a result of a traffic crash. Definitions for the various injury levels are as follows:

- **Possible injury** – no visible sign of injury but complaint or pain or momentary unconsciousness
- **Non-incapacitating injury** – any visible injury such as bruises, abrasions, limping, etc...
- **Incapacitating injury** – any visible signs of injury from a crash and person(s) had to be carried from the scene.
- **Total injury** – the sum of possible, non-incapacitating injuries, and incapacitating injuries.

## YOUTH VIOLENCE

**Violence** – threatened or actual physical force of power initiated by an individual that results in, or has a high likelihood of resulting in, physical or psychological injury or death (CDC).

**Juvenile** – persons younger than age 18 (OJJDP)

**Diversion** – the act or an instance of diverting from a course, activity, or use.

**Violent Crime** – include murder and non-negligent homicide, forcible rape, robbery and aggravated assault.



## Data Sources

### HEALTH CARE

**Florida CHARTS – Major Causes of Death 2008:** Cancer was the second overall leading cause of death in PBC, but was first in YPLL at 1,613 per 100,000 under age 75. <http://www.floridacharts.com/charts/SpecReport.aspx?RepID=7226>

**Florida CHARTS – Major Cause of Death 2008:** Unintentional injuries was the 4th leading cause of unintentional death but the 2nd highest YPLL (1,493 per 100,000 under age 75). <http://www.floridacharts.com/charts/SpecReport.aspx?RepID=7226>

**County Health Rankings – Palm Beach County** was ranked 15th of 67 Florida counties in premature mortality/YPLL. <http://www.countyhealthrankings.org/florida/palm-beach>

**County Health Rankings – Palm Beach County** ranked only 32nd of 67 Florida counties in the category of Social & Economic Factors, (e.g., children in poverty; income inequality) which impact on YPLL. <http://www.countyhealthrankings.org>

The goal of 6,978 YPLL per 100,000 of the population less than 75 years of age is not being achieved in Palm Beach County, which has a 2008 YPLL of 7,463 per 100,000. *Source: Florida CHARTS and County Health Rankings.*

In 2008, Cancer was the 2nd leading cause of death in Palm Beach County but the highest YPLL (1,613). *Source: Florida CHARTS*

Palm Beach County ranked only 32nd of 67 Florida counties in the category of Social & Economic Factors, (e.g., Children in poverty; income inequality) which impact on YPLL. *Source: County Health Rankings*

Unintentional injuries were the 4th leading cause of unintentional death but the 2nd highest YPLL (1,493). *Source: Florida CHARTS*

### MATERNAL CHILD HEALTH

(Matthews, Menacker, and MacDorman, 2004)

- (1) Kington, RS, Nickens HW. (2001). Racial and ethnic difference in health: Recent trends, current patterns, future directions. Pp. 253–310 in National Research Council, America Becoming: Racial Trends and Their Consequences, Vol. 2. Smelser N. Wilson

WJ, Mitchel F, eds. Washington, DC: National Academy Press.

- (1) National Center for Health Statistics. (2008). National Research Council. “Preventing Reading Difficulties in Young Children.” Edited by Catherine E. Snow, Susan Burns and Peg Griffin, Committee on the Prevention of Reading Difficulties in Young Children. Washington, DC: National Academy Press. 1998.

### SCHOOL READINESS

**Source:** ZERO TO THREE: National Center for Infants, Toddlers and Families. (Retrieved February 12, 2008). Frequently Asked Questions. Online.

**Source:** Entwisle, D.R. (Winter 1995). “The Role of Schools in Sustaining Early Childhood Program Benefits.” “The Future of Children: Long-Term Outcomes of Early Childhood Programs.” 5(3):133–144.

**Source:** “Partnership for America’s Economic Success (2008).” Online: [http://www.partnershipforsuccess.org/docs/PAESoverview2008\\_short.pdf](http://www.partnershipforsuccess.org/docs/PAESoverview2008_short.pdf)



## Data Sources (continued)

### PUBLIC SAFETY – VIOLENT CRIME

#### PALM BEACH COUNTY DATA SOURCE:

Florida Department of Law Enforcement. Crime in Florida, Florida uniform crime report, 1995–2009 (Computer Program). Tallahassee, FL: FDLE. Florida Statistical Analysis Center.

**FLORIDA DATA SOURCE:** Florida Statistical Analysis Center: FDLE, (1989–2009). Crime in Florida, Florida uniform crime report (Computer program). Tallahassee, FL.

**NATIONAL DATA SOURCE:** US Department of Justice, Federal Bureau of Investigation, 2008 Crime in the United States 1989–2008

1. Population are U.S. Census Bureau provisional estimates of July 1 for each year except 1990 and 200, which are decennial census counts.
2. The murder and non-negligent homicides that occurred as a result of the events of September 11, 2001, are not included in this table.

**National Incident Based Report System (NIBRS):** an incident-based reporting system in which agencies collect data on each single crime occurrence. NIBRS data originate from local, state and federal automated record systems.

#### Uniform Crime Reports Program (UCR):

FDLE’s Uniform Crime Report (UCR) system allows the UCR program to provide standardized reports on crime statistics based on data gathered from across the state.

### RELATED KEY INDICATOR

Key related indicator is the statewide violent crime 10-year average of 718.9 in comparison to PBC’s of 705.3

#### Key Terms

- FDLE Florida Department of Law Enforcement
- NIBRS National Incident Based Reporting System
- PBC Palm Beach County
- PBSO Palm Beach County Sheriff’s Office
- UCR Uniform Crime Report

Violent Crime: Includes Murder, Forcible Sex Offenses, Robbery, & Aggravated Assault

### YOUTH VIOLENCE/ DIVERSION PROGRAMS

Florida juvenile violent crime arrest data for 2001–2008 (Table 69; Crime in the United States) and Florida violent crime rates for 2001–2008 (OJJDP Statistical Briefing Book); Palm Beach County juvenile violent crime arrest data for 2001–2008 (FDLE’s Uniform Crime Reports Arrest Forms) and Palm Beach County juvenile violent crime rates for 2001–2008 (calculated using FDLE’s Uniform Crime Reports Arrest Data and Florida Demographic Database); United States juvenile violent crime arrest data for 2001–2008 (Table 36; Crime in the United States) and United States violent crime rates for 2001–2008 (OJJDP Statistical Briefing Book): juvenile violent crime arrest rates.

Centers for Disease Control and Prevention, Injury Prevention and Control: Violence Prevention: definition of violence, homicide data. <http://www.cdc.gov/ViolencePrevention/youthviolence/definitions.html>

US Dept. of Justice, Office of Justice Program, Office of Juvenile Justice and Delinquency Prevention, Juvenile Justice Bulletin, Dec 2009:



## Data Sources (continued)

definition of juvenile. <http://www.ncjrs.gov/pdffiles1/ojjdp/228479.pdf>

Florida Department of Juvenile Justice, Budget office: funding for prevention and community interventions.

Florida Department of Juvenile Justice, Office of Program Accountability, Benchmark Reports: Disproportionate Minority Contact: disproportionate contact data. <http://www.djj.state.fl.us/research>

Youth Violence: A Report of the Surgeon General: youth violence rates and data. <http://www.surgeongeneral.gov/library/youthviolence/toc.html>

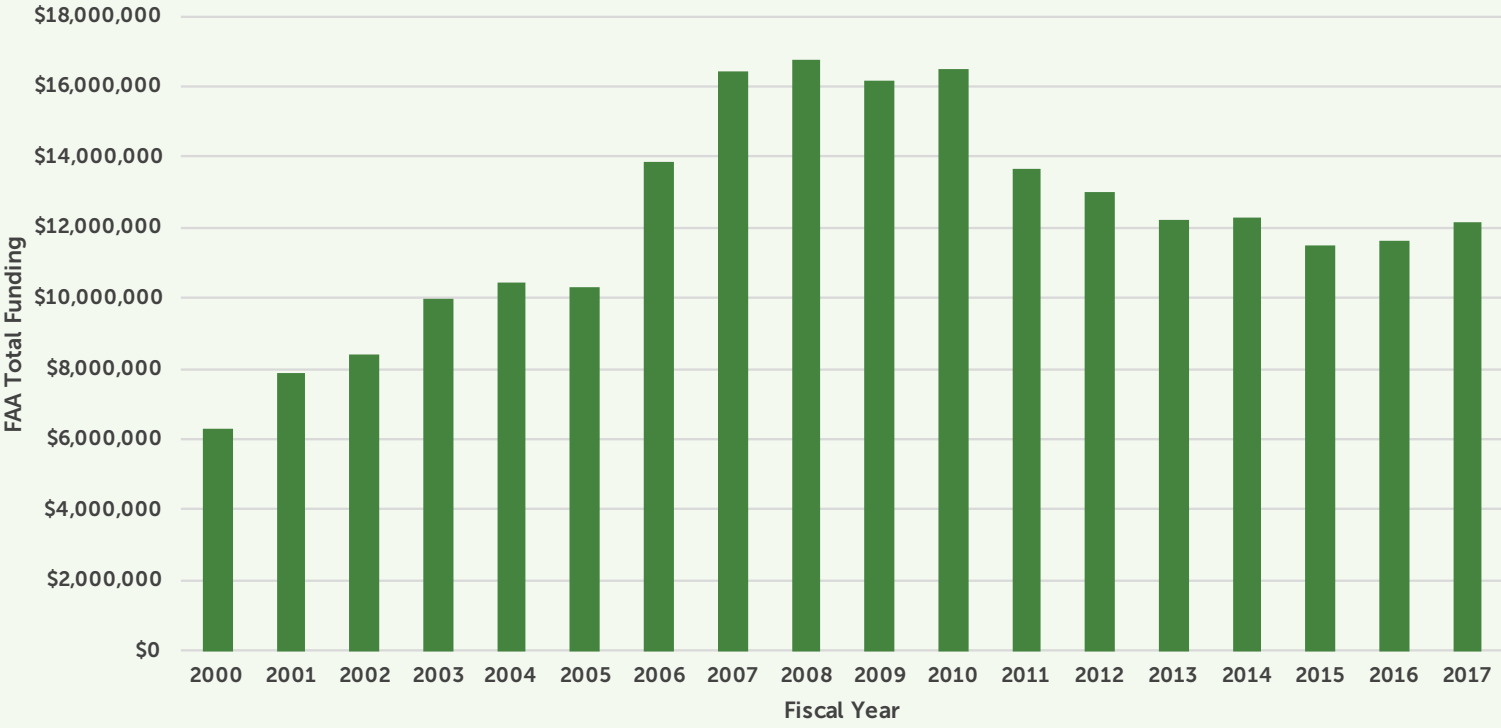
Florida Department of Juvenile Justice, Office of Research and Planning: Delinquency profile for Palm Beach County. <http://www.djj.state.fl.us/research/reports/reports-and-data/>

US Dept. of Justice, Office of Justice Program, Office of Juvenile Justice and Delinquency Prevention, Juvenile Justice Bulletin, April 2001: predictors of conduct problems [www.ncjrs.gov/pdffiles1/ojjdp/193409.pdf](http://www.ncjrs.gov/pdffiles1/ojjdp/193409.pdf)



# Financially Assisted Agency Funding 2000–2017

Fiscal Year	Total Funding
2000	\$6,274,152
2001	\$7,873,986
2002	\$8,395,641
2003	\$10,000,135
2004	\$10,432,759
2005	\$10,307,759
2006	\$13,893,749
2007	\$16,450,956
2008	\$16,741,431
2009	\$16,134,643
2010	\$16,514,814
2011	\$13,638,671
2012	\$13,022,048
2013	\$12,228,761
2014	\$12,266,936
2015	\$11,490,068
2016	\$11,653,770
2017	\$12,132,220





## FAA Funding and PBC Population History by Year – 2000–2017

Fiscal Year	PBC Population	Financially Assisted Agencies \$	FAA \$ per Population	County Sponsored Programs	Total Funding	Year to Year Change	Notes
2000	1,131,191	\$6,274,152	\$5.55				
2001	1,156,550	\$7,873,986	\$6.81				
2002	1,184,549	\$8,395,641	\$7.09				
2003	1,215,286	\$10,000,135	\$8.23				
2004	1,248,466	\$10,432,759	\$8.36				
2005	1,273,752	\$10,307,759	\$8.09				
2006	1,291,426	\$11,973,168	\$9.27	\$1,920,581	\$13,893,749		Allocation based on availability of funds
2007	1,302,451	\$13,373,836	\$10.27	\$3,077,120	\$16,450,956	\$2,557,207	
2008	1,307,784	\$13,749,311	\$10.51	\$2,992,120	\$16,741,431	\$290,475	
2009	1,312,016	\$13,041,846	\$9.94	\$3,092,797	\$16,134,643	-\$606,788	
2010	1,320,134	\$13,638,671	\$10.33	\$2,876,143	\$16,514,814	\$380,171	8% FAA Reduction, 7% Reduction for County-Sponsored Programs
2011	1,325,758	\$13,638,671	\$10.29		\$13,638,671	-\$2,876,143	\$1,280,194 cut when FAA and County Sponsored Programs Merged (8% reduction)
2012	1,335,415	\$13,022,048	\$9.75		\$13,022,048	-\$616,623	3% reduction
2013	1,345,652	\$12,228,761	\$9.09		\$12,228,761	-\$793,287	\$800,000 reallocated for Homeless Resource Center; \$209,500 transferred to Public Safety for Child Protective Services and Disaster Recovery (8% reduction to FAA's)
2014	1,360,238	\$12,266,936	\$9.02		\$12,266,936	\$38,175	
2015	1,374,300	\$11,490,068	\$8.36		\$11,490,068	-\$776,868	\$968,118 reallocated to Youth Services Department
2016	1,391,741	\$11,653,770	\$8.37		\$11,653,770	\$163,702	3% increase to funding
2017	1,391,741	\$12,132,220	\$8.72		\$12,132,220		



# Special Recognition and Work Groups

## List of Individuals Contributing to the Report by Service Category

### Access to Care & Health Care Sections

Alina Alonso, M.D., Florida Department of Health Palm Beach County  
Sharon Greene, Florida Department of Health Palm Beach County  
Paul McCarthy, Florida Department of Health Palm Beach County  
Adam Reback, Florida Department of Health Palm Beach County  
Thomas Cleare, Ph.D., Palm Beach County Health Care District

### Child Care/After-School Care, Maternal Child Health & School Readiness Sections

Lisa Williams-Taylor, Ph.D., Children's Services Council of Palm Beach County  
Randy Palo, Children's Services Council of Palm Beach County  
Amy Gyau-Moyer, Children's Services Council of Palm Beach County  
Jennifer Munoz, Children's Services Council of Palm Beach County

### HIV/AIDS

Geoffrey Downie, Palm Beach County Ryan White Program  
Mitchell Durant, Florida Department of Health Palm Beach County

### Homelessness

Wendy Tippett, Palm Beach County Human & Veteran Services Division  
Georgiana Devine, Palm Beach County Human & Veteran Services Division

### Hunger/Food Security

Laurie George, Ph.D., United Way of Palm Beach County  
Danielle Hanson, United Way of Palm Beach County  
Douglas Eberhart, United Way of Palm Beach County

### Domestic Abuse/Sheltering & Public Safety – Violent Crime Sections

Chief Deputy Michael Gauger, Palm Beach County Sheriff's Office  
Patrick Halperin, Ph.D., Palm Beach County Sheriff's Office  
Sgt. Erick Dominguez, Palm Beach County Sheriff's Office  
Pamela O'Brien, J.D., Aid to Victims of Domestic Abuse  
Jennifer Rey, Aid to Victims of Domestic Abuse

### Mental Health & Substance Abuse

Barbara Cox Gerlock, Ph.D., CAC/HHS ex-officio & Chair,  
15th Circuit Juvenile Justice Advisory Board  
J. Jay Flicker, Ph.D., Drug Abuse Treatment Association  
Pamela Gionfriddo, Mental Health Association  
Becky Walker, Southeast Florida Behavioral Health Network  
Ann Berner, Southeast Florida Behavioral Health Network





## Special Recognition and Work Groups (continued)

### Public Transportation

Clinton B. Forbes, Palm Tran  
Louis Ferri, Palm Tran  
Paula Girard, Palm Tran

### Senior Services

Jamie Estremera-Fitzgerald, Area Agency on Aging /  
Your Aging & Disability Resource Center  
Elizabeth Lugo, The Volen Center  
Faith Manfra, Palm Beach County Senior Services Division  
Nancy Yarnall, Area Agency on Aging /  
Your Aging & Disability Resource Center

### Special Needs/Developmental Disabilities

Sharon Alexander, Unicorn Children's Foundation  
F. Scot Kannel, The ARC of the Glades  
David Lin, Palm Beach Habilitation Center  
Pamela Heyer, United Way of Palm Beach County  
Tina Philips, Palm Beach Habilitation Center  
Matte Reyes-Coles, Coalition for Independent Living Options (CILO)

### Youth Violence/Diversion Programs

Tammy K. Fields, Youth Services Department  
Geeta Loach-Jacobson, Youth Services Department

*Apologies to any individuals or organizations that may have been inadvertently omitted from the list. Please forward any corrections or modifications to David Rafaidus at (561) 355-4705 or [drafaidu@pbcgov.org](mailto:drafaidu@pbcgov.org).*



## For Further Information

**Electronic copies of this document can be accessed at:**

<http://www.pbcgov.com/communityservices/pdf/Health-Human-Services-Report-2017.pdf>

**Palm Beach County Comprehensive Plan – Health and Human Services Element**

<http://discover.pbcgov.org/pzb/planning/Pages/Comprehensive-Plan.aspx>

**Resolution No. R-2013-1563**

<http://discover.pbcgov.org/communityservices/Pages/Citizens-Advisory-Committee.aspx>

### **Community Characteristics Information**

Additional information about Palm Beach County will be posted on the following website

<http://pbcgov.com/communityservices/citizensadvisory.htm>. This information will

include Palm Beach County characteristics pertaining to topics such as: demographics, economic features, poverty, housing and income.

**For further information, contact:**

Palm Beach County  
Department of Community Services  
David Rafaidus, Project Manager  
810 Datura Street  
West Palm Beach, FL 33401  
(561) 355-4705 (office)  
[drafaid@pbcgov.org](mailto:drafaid@pbcgov.org) (email)





Palm Beach County  
Board of County Commissioners  
Community Services Department  
810 Datura Street, West Palm Beach, FL 33401  
[www.pbcgov.com/communityservices](http://www.pbcgov.com/communityservices)